

orbital plate. The probe was also passed through the front part of the nasal growth to the bone above.

Nov. 5th. The swelling of the cheek was less; the antrum comparatively free; the inferior spongy bone more distinct. The probe passed easily into the nose from the fistula. He was ordered to have a solution of sulphate of zinc injected.

Nov. 8th. A style was passed into the lacrymal fistula.

Nov. 12th. The thickening in the nostrils was undiminished. Solution of sulphate of zinc (gr. ij ad ℥i) was ordered.

Nov. 19th. Some small masses of a soft gelatinous appearance were removed from the lower spongy bone. Under the microscope these were found to consist merely of ordinary fibres and cells of mucous membrane; much hæmorrhage followed this. The tissue was soon reproduced, and in a short time the passage of air through the nostril was quite impeded, and the antrum appeared to be gradually filling with the growth. Mr. Hawkins, therefore, proposed to excise the upper jaw; but as the man would not consent, he left the Hospital on January 12th.

On April 6th, he was readmitted. He had suffered from giddiness and difficulty in breathing through the nostrils to such an extent, that he had made up his mind to the operation. The swelling had increased, although not to a very great extent. The operation was, however, postponed, in consequence of his having some cough, for which the opinion of the physician was requested, who pronounced his chest free from disease. Another cause of delay, however, was the formation in the cheek, over the diseased bone, of a small hard moveable lump, which felt very like a portion of the morbid growth. It was noticed, however, that some of the teeth were carious, and it was soon discovered that the hard lump was merely an abscess in connexion with these decayed teeth, so that, on the extraction of the teeth and the bursting of the abscess, the parts were soon in a condition for operation. This was accordingly performed, on May 19th, by Mr. Prescott Hewett in Mr. Hawkins's absence. In performing the operation, the bone was necessarily removed in three or four pieces, in consequence of several parts of it having been absorbed. In removing the portion of the tumour by the pterygoid fossa, the internal maxillary artery was divided. This was tied directly, and there was no hæmorrhage of consequence from any other source. The tumour, which almost filled up the antrum, much resembled a collection of small polypi, consisting of a number of villous processes, arranged several on a single stalk. There was no microscopic evidence of malignant disease. Chloroform was given previously to the operation, but he did not remain under its effects more than a third of the time.

In the afternoon, there was a little secondary hæmorrhage, which was soon arrested by ice. The wound in the cheek united readily, for the most part by first intention; but on the 24th, the cornea on the side operated on became inflamed, and this inflammation progressed steadily to the destruction of the organ, the cornea having sloughed and the contents of the eye escaped. The movements of the lower jaw also were very limited on his recovery, in consequence of some low inflammation in its neighbourhood, by which the motions of the joint were confined to a space of from one quarter to half an inch. This, however, was somewhat improving when he left. About a month before his discharge, Mr. Prescott Hewett extracted from the nostril a small polypus exactly resembling the original tumour. There seemed to be no return of it before his discharge. He left the house in very good health towards the latter end of August.

II. DISEASE OF THE SUPRARENAL BODIES.

Under the care of W. E. PAGE, M.D.

William S., aged 17, was admitted, under Dr. Page's care, on July 9th, 1859. He was a tall lad, who had the appearance of having outgrown his strength. For the last four months he was noticed to have been weakly and ill, and to have been losing flesh; but he would not admit having had anything the matter with him, and he went on with his work (at a saddler's) until ten days before admission, when vomiting came on, accompanied by some degree of mental wandering. When he came into the Hospital, he was extremely thin, and he had a general slight taint of jaundice upon the skin; but the conjunctivæ were perfectly white. There was frequent vomiting. The belly was depressed, and no enlargement could be felt in the hepatic region. The lungs were carefully examined, but nothing unnatural could be detected. When he was questioned, he displayed a hesitating, uncertain manner. He complained of pain across the loins, and of a burning pain at the

lower part of the sternum. The skin was cool, or rather cold; the pulse 96, very feeble; the tongue clean. He was ordered an ammoniated saline draught, and six ounces of wine. The bowels being confined, a mild purge of grey powder and rhubarb was given; but, as this did not act, on July 11th blue pill and colocynth were administered, and produced a motion, apparently quite natural. Prussic acid with soda was also given, to check the vomiting, which still continued. Brandy was substituted for the wine. The urine was obtained, and found to be natural. By July 13th, the vomiting had subsided; the yellow tint of the skin remained. He was more emaciated and hollow-eyed. The skin was cold; the pulse 100, and very weak. He complained of feeling "awfully low". At times he was a little delirious; so that, a blister having been put on the sternum, to relieve the pain there, he fancied his whole body covered with blisters. Both pupils were dilated, and had been so, more or less, from the first. The same treatment was continued, alcoholic and ammoniacal stimulants being given freely. Next day, he was found usually lying with half-shut eyes, regardless of all that was going on, but now and then rousing himself to answer a question. He was quite cold, and had no pulse. In the afternoon he died.

The *post mortem* examination was made twenty-three hours after death. The body was emaciated. The skin was universally somewhat discoloured, of a dirty yellowish hue, approaching to bronze only on the parts exposed to the sun. On microscopical examination of the skin, the whole of the epidermis was found loaded with pigment, which in many places was collected in greater quantity in the deeper layers of the epithelium, in others was equally distributed throughout it. The brain was healthy, as was the heart. The right side of the heart contained white clot. The left lung was healthy. At the apex of the right lung was a single very small collection of crude tubercles. The liver, spleen, and kidneys, were healthy. The gall-bladder contained a large quantity of bile. The suprarenal bodies, particularly the left, were of large size, and were occupied by a mass of tubercular deposit to such an extent that no portion of the healthy gland appeared to be left. The mesenteric glands were enlarged by tubercular deposit. Both the solitary and agminate glands in the lower part of the ileum were much enlarged. No ulceration or inflammation existed.

REMARKS. The above was an unquestionable case of fatal cachexia from disease of the suprarenal bodies, and, in that sense, an instance of "Addison's disease", although the peculiar condition of the skin, which first attracted the notice of Dr. Addison in this disease, could not be clearly recognised. In fact, it appears not improbable that the bronzed condition of the skin, by which the disease was originally characterised, is only one of the symptoms of a malady of which perhaps too few cases have hitherto been observed to allow of any definite conclusion as to its pathognomonic character. In the case of the poor lad before us, the colour of the skin was not sufficiently well marked during life to assist in any manner in the diagnosis, although the existence of disease of the suprarenal capsules was suspected, on the authority of analogous cases which have occurred at this Hospital, and which we have had the opportunity of reporting. The progress of the symptoms sufficiently proves that the fatal result was in no way connected with the disease found in the mesenteric glands and intestines, and which, indeed, was in so early a condition as probably to be hardly announced by any symptoms.

KING'S COLLEGE HOSPITAL.

CYST CONNECTED WITH THE THYROID BODY.

Under the care of W. FERGUSSON, Esq.

MARY ALLEN, aged 34, a native of Hertfordshire, was admitted, under the care of Mr. Fergusson, on May 16th. She had been living for the last five years at Blackheath. It appeared that she had noticed a swelling over the thyroid cartilage about fifteen years ago, which had continued to increase ever since. It was about the size of an orange, moved during deglutition, and gave little inconvenience except by its bulk. She complained, however, of slight pain and dyspnoea after exertion. Her aunt was similarly affected.

On May 21st, she was put under the influence of chloroform. The tumour was carefully cut down upon, and an opening about an inch in length made into it in the middle line. A large quantity of dark coloured fetid fluid escaped, which Mr. Fergusson pronounced to be serum coloured with blood, and called the attention of his class to the peculiar odour found in

the fluid of cysts connected with the thyroid body. Immediately after the escape of the fluid, the cyst filled with blood of an arterial colour. This hæmorrhage appeared to proceed from the vessels of the cyst, the pressure upon which had been withdrawn by the removal of the fluid, and not from any vessel having been divided. On placing the finger in the cyst, the innominate artery could plainly be felt, and was so isolated that a ligature could easily have been carried round it. The wound was stuffed with lint, and a pad strapped on it, which controlled the hæmorrhage. A poultice was substituted for the pad on the 23rd, but on the following day it was found necessary to renew the pressure, in consequence of bleeding following the removal of some of the lint.

On the 28th, however, it was found feasible to remove the lint, as bleeding no longer occurred. The cyst became filled with granulations, which were so abundant as to require repressing with the nitrate of silver; and on June 11th, she was well enough to be made an out-patient.

On the 26th, however, she was readmitted, in consequence of bleeding, which had occurred from the wound during her sleep. She had lost, it was said, half a pint of blood before being brought to the hospital. Pressure was now again made upon the wound, by stuffing it with lint and covering it with a compress as before, and no further bleeding has occurred. The cyst was daily emptied of its serous contents, and pressure reapplied, until she was again well enough to be discharged, when she occasionally attended as an out-patient. She was last seen on August 4th, when the wound had contracted to a minute sinus, and recovery seemed almost complete.

REMARKS. The above was an instance of a not very common form of bronchocele, viz., a sanguineous cyst in connexion with the thyroid body existing singly, and giving rise to some trouble in consequence of the vascularity of its lining membrane. The case also illustrates the important relations which such cysts in the neck assume in consequence of the facility with which they make their way among the great vessels. The peculiar odour of the fluid contained in these cysts of the thyroid body is a point worth bearing in mind.

KENT AND CANTERBURY HOSPITAL.

CASE OF CHOREA TERMINATING FATALLY: GENERAL REMARKS.

By ALFRED LOCHÉE, M.D., F.R.C.P., Senior Physician to the Hospital.

[Communicated to the East Kent and Canterbury Medical Society.]

I PROPOSE to call the attention of the Society to a few practical points connected with the malady known familiarly as the dance of St. Vitus, with the special object of relating the details of a fatal case of that disorder.

Such an event as death actually from simple chorea—*i. e.*, a fair wearing out of the powers of life under the exhaustion consequent upon the continued convulsive movements which characterise the disorder—is, I apprehend, a very rare one in the present day, whatever may have been the case in former times, and under those peculiar circumstances which generated those remarkable nervous derangements marked by *increased efficiency but depraved direction* of the will, known as tarantism, leaping ague, etc. Such an issue to such a malady is, in fact, the only instance of the kind of which I have any personal knowledge; and I have, therefore, thought it worthy of being brought to your notice.

Ordinary cases of chorea Sancti Viti are of frequent occurrence in this locality, and the wards of our Hospital are seldom for many weeks together without one or more of them. They occur almost exclusively in young females between the ages of 8 and 20; they are usually attributed to, and probably are actually produced by, some sudden shock of the nervous sensibilities, as fright, etc.; whilst they are universally found to be connected with deranged uterine functions, with some kind of intestinal irritation, or with a morbidly excitable imagination. Those cases which come on after an attack of acute rheumatism I do not include in the present category.

These common cases are very amenable to treatment; the great majority of them being readily cured by any of the preparations of iron or zinc, preceded and accompanied by mild though active aperients, which last I hold to be a very essential part of the treatment. Probably, indeed, these ordinary cases of chorea, and especially those which occur in susceptible young children, from mental emotions, have a natural limit of their own, and would get well of themselves in a reasonable

time, under the influence of the change of association and the repose which are found in a place like this hospital; for I hold it to be a principle, that anything which makes a decided alterative impression upon the system, without impairing the strength, exerts a curative action in chorea.

On the other hand, some few of the cases we receive here are very rebellious to treatment; and that, too, without any apparent reason or appreciable cause for the difference. In these, the disorder seems to become habitual from the mere lapse of time; such patients always presenting more or less of the appearances of imbecility. As a rule, the muscular disorder is general in them; whilst a direct cause for the attack can seldom be assigned. In all of them, however, it will be found that the menstrual function has not been established, even when the age is sufficiently advanced for it to be so; whilst they present a flushed florid face, capillary congestion of the skin, with a weak pulse or feeble heart—all indicative of want of tone in the circulating and muscular systems. These cases, also, in my experience, for the most part do well, under combination of purgatives, tonics, and antispasmodics, long ago recommended by Sydenham for their treatment; or else they gradually recover, as it were, spontaneously, as the catamenial age comes on, and the menstrual discharge appears.

Such is the ordinary run of our chorea patients; but now and then, as rare exceptions, I believe, to the rule, we do meet with cases which are accompanied by a far graver train of symptoms—declaratory, in fact, of a large amount of irritation of the cerebro-spinal axis, and attended with that peculiar state of brain-excitement and nervous exhaustion which is so remarkable in the malady known as delirium tremens. I will give you a sketch of two such cases, which turned out well, as introductory to a third, which ended fatally.

CASE I. A young girl, aged 15, was brought to the Hospital on April 6th, 1858, from Ramsgate. The convulsive movements were general, and rather severe; she was said to have had no sleep for a week; she was pale and exhausted from her journey. The pulse was very low; the bowels were confined; the catamenia had not appeared. The attack had come on nine days before, without any known or apparent cause. She was ordered turpentine enema, and a combination of saline aperients with iron. As she was sleepless, and even at first disposed at times to talk wildly, she had an opiate at night. Things went on as usual with such cases, except that she very early showed signs of prostration, until the 24th, when she became wildly maniacal, and so violent as to render it necessary to secure her in bed, by means of a sheet folded across the body. This frenzied condition gradually merged in four days, under the influence of opium and blisters, into a state exactly resembling the middle stage of typhus; low faltering pulse; dull sensorium; sordes on mouth and teeth; muttering delirium when left to herself, and a tympanitic belly, the chorea also continuing. Ammonia, camphor, opium, wine, and counterirritants to the head and spine remedied this condition in about a fortnight; so that, by May 10th, oxide of zinc was given for the chorea, which was still nearly as bad as at first. Citrate of iron was given on the 31st; and she left as convalescent on June 23rd; which, albeit being the eve of St. John's day, is not supposed to have had any influence in her recovery.

CASE II occurred in a young woman, aged 18, a servant of "all work", which means always of very hard work. In her the chorea came on after she had been in the Hospital some weeks, she having been admitted in August with the customary train of nervo-hysterical symptoms, of which hyperæsthesia was the most prominent. The chorea came on gradually. We watched its advent, and prescribed accordingly; nevertheless, on October 3rd, it broke out into a violent frenzy, which necessitated removal into a separate ward, and the application of all sorts of contrivances to prevent her from injuring herself during her gesticulations, by striking her head and limbs against the wall and bedstead. As it was, she got several severe bruises. She ran on into the same state of typhoid prostration and low delirium as in the former case. The treatment was the same, and by October 26th, she was restored to simple chorea again. She took a combination of iron and zinc for a fortnight, and was made an out-patient at her own request November 30th, since which time I have heard nothing of her.

CASE III did not furnish the same pleasing result, and has induced me to lay this history before you. It occurred also in the person of a young girl, aged 14, who was admitted October 19th from one of our city parishes. At first sight, and for a day or two, it looked like an ordinary case of chorea; for, on