disappeared, and the boy could count fingers with right eye. J. B. continued steadily to improve, iodid. of potassium having been substituted for the salicin, the optic disc cleared although it remained white. When I last saw the patient, on May 4th, he could read 0.6 of Snellen with the right eye; he was then returning to school.

The following case seems to demonstrate the importance of prompt treatment in instances of rheumatic papillitis. Miss —, a robust young woman, who had enjoyed excellent health; she belonged to a rheumatic family; her father, in particular, had suffered much from rheumatism. The patient was seized with persistent pain in the muscles of her neck and left arm, which lasted for some three weeks, and was stated to be of a rheumatic character by her medical attendant. Miss — had hardly recovered from this attack when, about the middle of December, she experienced great pain in her right eye; there was much photophobia, and the pain was increased by pressure on, or any movement of, the globe of the eye. Notwithstanding these symptoms and great impairment of vision, the patient for ten or twelve days remained under the treatment of a chemist, who prescribed a lotion. No improvement having taken place, Miss — then consulted her medical attendant (on January 1st), and he at once pronounced the disease from which she was suffering to be neuro-retinitis; he sent the patient on to me. On January 3rd I found that Miss — could hardly distinguish light from darkness with the right eye; the optic papilla was much swollen (about 3 D), and its outlines were completely obscured; the retinal veins were much engorged. There was no albumen in the urine, no trace of hereditary disease beyond the rheumatism. The patient was ordered salicylate of soda and iodide of potash, with careful diet and saline purgatives. The pain in the eye and photophobia diminished rapidly under this treatment, but the vision cleared very slowly, and at the end of two months the patient could only just make out the letters of Snellen 5 with the right eye; the optic disc was of a dead white colour. Although the sight in this case will improve, nevertheless the fact of acute neuritis having existed for twelve days and upwards before she came under treatment makes the prognosis serious, because, during that time irreparable damage was probably effected in the delicate structures concerned.

It would be easy to multiply cases of this description from my own notes and from those of other surgeons, and it is remarkable they should have been almost overlooked until M. Parinard drew attention to them in his article published in the Report of the French Ophthalmological Society for January, 1884. In the majority of such cases the patient's history points to inherited rheumatism, and he has himself suffered from this disease; exposure to damp and cold is generally described as the direct cause of the attack of pain in the eye and the loss of sight. The pain in these cases is stated by the patient to be deep seated in the orbit, and to extend from thence over the forehead and side of the head; it is worse at night, and is increased on pressure applied over the globe of the eye; dimness of vision and frequently total loss of sight is present, together with conjunctivitis and sclerotic congestion. The appearance of the inflamed papilla differs in no respect from that produced by malaria or other causes, and although we seldom meet with double rheumatic papillitis, it is not uncommon to find first one disc and then the other involved in the disease. After the inflammation has passed away, although the patient's sight may be restored, the optic disc assumes a whiter appearance than that of a healthy eye.

When discussing the subject of malarial neuritis, I referred to a form of ulceration of the cornea described by Dr. Kipp, Dr. von Millinger, and other authorities; and we meet with affections of the cornea which likewise appear to be connected with rheumatism, the ulceration, like that of malaria, being produced by a fault in the functions of the nerves supplying the cornea. This kind of corneal ulcer is described by W. Mackenzie, in his admirable treatise on *Diseases of the Eye*. He states that among rheumatic patients, especially those advanced in years, after exposure to cold it is not uncommon to find one of the patient's eyes affected with "a peculiar kind of ulcer—which is apt to spread over the surface of the cornea—at first it looks as if a portion of the surface of the cornea was loose and raised up, apparently through the intervention of fluid: the ulcer often cicatrises without leaving any opacity, the cornea remaining merely irregular, as if part of it had been hacked off with a lancet; vision is disturbed by altered refraction." In these rheumatic affections of the cornea, as in the case of neuritis, we have a history of rheumatism and of

deep-seated pain, usually worse at night, and increased by pressure or by movement of the globe; the epithelial layers of the cornea become detached by the effusion of fluid beneath, which, as in herpes, is the result of faulty nerve action; the ulcer extends slowly, and if allowed to run its course may last for weeks; but if treated by salicine, and subsequently with iodide of potassium, the pain and other symptoms speedily subside. The local application of a solution of eserine to the eye is often of service in cases of this kind. The patient's bowels must be kept freely open and his diet carefully attended to. And so in instances of rheumatic optic neuritis, if treated by the means above referred to the papillitis disappears, and the patient in all probability will recover his sight; on the other hand, if neglected, or if the disease in spite of treatment continues, atrophy of the optic papilla and permanent loss of sight too often result. In such a case the other eye will probably, sooner or later, be affected with papillitis of a similar character.

EPITHELIOMA PRIMARILY AFFECTING THE TONSIL.

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EPITHELIOMA primarily affecting the tonsil is comparatively rare, as may be inferred from the fact that many of our textbooks on general surgery either wholly omit mention of such a condition, or it is but vaguely, and in a few words, referred to as a possibility.

Of the references to this disease by specialists the following may be quoted: Dr. Prosser James, in his work on *Sore Throat*, p. 242, says that "cancer very rarely begins in the tonsils, though it spreads to them from neighbouring parts. Dr. Gibb, in his manual of *Diseases of the Throat and Windpipe*, published 1864, at p. 351, says, "If cancer affects the tonsil, it is usually by extension from some other part of the throat; but I had the opportunity of examining a case of idiopathic cancer of the left tonsil in a man, aged 49 years, in October, 1859, under Dr. Marsden's care at the Cancer Hospital. It was eaten away by the disease, forming a large excavation in front of the left pillar of the fauces. The disease was hereditary in him. Cancer commencing in the tonsil primarily, is a very rare affection." Sir Morell Mackenzie, in his work on *Diseases of the Throat*, vol. 1, p. 83, remarks that "cancer of the tonsil is a rare disease," and that "most of the reported instances belonged to the encephaloid variety." Mr. Lennox Browne, in his *Diseases of the Throat and Nose*, p. 245, says that the "primary epithelioma of the tonsil is, although rare, not unknown, and three cases have occurred in my own practice during the past twenty years," being, according to his calculation, about 1 in every 20,000 cases of throat disease.

The patient who forms the subject of this communication is a clerk, and 45 years of age. Eight months ago, that is, in August last, he had an itching pain in his left ear, which at the end of a month was accompanied by pain in the region of the left fauces. The pain in the throat increased gradually in severity, and was aggravated by swallowing—the pain shooting sharply up towards the left ear during the act of deglutition.

When I first saw him early in February, the glands beneath the angle of the jaw on the left side were enlarged and slightly painful to touch. The surface of the left tonsil was ulcerated, and the edge of the ulcer had just begun to include the edge of the anterior pillar. The advancing surface of the ulcer was elevated, hard and indurated to the touch, and slight manipulation of the part caused bleeding. Since that date it has rapidly advanced, the whole of the anterior pillar is now involved, so that we have the outer edge of the ulcer extending from the junction of the anterior pillar with the tongue, on to the tip of the uvula. Of the nature of the ulcer I think there can be little doubt, and none whatever regarding the impossibility of surgical interference.

Whether it is that cases of malignant diseases are becoming more numerous or not, I know not, but during the past three years I have had other two cases of primary epithelioma of the tonsil, both affecting the right tonsil, and both occurring in men. One was a patient at the throat department of Anderson's College Dispensary, and he died under the care of the physician in charge of the outdoor visiting department. The other was a gentleman 58 years of age, and under the care of Dr. Watt, of Ayr. In this

case the epithelioma began in the tonsil, and at an early stage involved the anterior pillar close to its junction with the side of the tongue. The ulcer with its hardened elevated edge, tended, when last I saw him, to spread towards and involve the base of the tongue.

Sarcoma of the tonsil as a primary affection is said to be of more frequent occurrence than epithelioma. Of this condition I recently had a well marked case at the throat department of the Western Infirmary. The sarcoma was of the right tonsil, and in a man of about 45 years of age. I referred him to the wards, and for a few days he was under the care of Dr. Hector Cameron, but the tumour grew with such rapidity that interference was considered unjustifiable, and he was dismissed, and died within a very short time thereafter.

Mr. Erichsen, in his *Science and Art of Surgery*, says that "malignant disease of the tonsil is not of common occurrence. I have, however, seen instances both of scirrhus and of epithelioma in this organ as a primary affection. In those cases the disease speedily extends to the pillars of the fauces, the pharynx, and onwards to the floor of the mouth, the glands under the angle become implicated, extensive infiltration of a brawny character takes place in and around them, the swallowing becomes extremely painful and difficult, respiration is impeded, the pharynx and palate become congested and loaded with viscid mucous, and the patient eventually dies in a distressing manner, partly from starvation, partly from constitutional contamination." Another cause of death should I think be added, namely, that from hæmorrhage. This was the immediate cause of death in the second case I mentioned, and it has already threatened in the one first related.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

DILATATION INSTEAD OF THE SUPPORT OF THE PERINEUM.

THE dread of the perineum becoming ruptured during the passage of the child's head led to the practice of supporting it, and this has been more or less done from time immemorial to the present day. A large midwifery experience convinced me many years ago of the fallacy and danger of this practice; and in a paper read before the Obstetrical Society of London, and published in their *Transactions* of 1875, I recommended a diametrically opposite line of treatment, which is certainly followed by far better results.

Let us consider for a moment the object we have in view—namely: We want the soft parts of the outlet of the pelvis to dilate, so as to allow of the passage of the child's head without its weakest part rupturing. What does support do? It presses the perineum between the hand on one side and the child's head on the other, so that the more support we give the more squeezed, thinned out, and lengthened the perineum becomes. No wonder, then, that it frequently gives way. One can hardly imagine anything so likely to favour a rupture as this pressure on both sides. True, the support may delay the advance of the head, but this pressure against the perineum rouses the uterus and makes the pains more violent, so that, if delay is the object sought, direct pressure upon the child's head is infinitely preferable, and safer in every way.

In cases of ruptured perineum what has occurred? Either the outlet was abnormally unyielding, or there was not time for it to expand, so that the weakest part gave way. The obvious way of preventing this unfortunate result is to dilate the perineum before the child's head reaches it, and practically this is easily effected. One can readily form an opinion as to the necessity for this proceeding by ascertaining the dilatability of the parts, the size of the outlet, the length of the perineum, and the character of the pains.

If there is reason to believe that the parts will not readily yield to the advancing head, they may be gradually dilated by drawing back and expanding the perineum during each pain, first with two and then with three fingers, and keeping up as firm extension as can be borne short of pain, and continued from time to time until the required amount of dilatation has been obtained.

By this simple proceeding (1) the pains are strengthened; (2) the

latter part of labour is materially shortened, and is far less painful; (3) the perineum is preserved intact.

Fifteen years ago I confidently recommended the dilatation of the perineum as the best means of avoiding the danger of its rupture and of facilitating the latter stages of labour; and further experience fully confirms the favourable opinion I had then formed of its usefulness, and which led me to bring before the profession a mode of treatment which, so far as I know, had not up to that time been recommended.

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THE VALUE OF THE JURY MAST.

I CONSIDER that we are deeply indebted to Professor Sayre for introducing this valuable appliance to our notice, and that many sad deformities and several lives are saved by its use. In support of this view, I wish to publish brief facts regarding two cases which were under my care last year.

The first, a girl, aged 3, was brought to me, very emaciated, with her neck sunk in and curved forwards, her head leaning on her parent's shoulder, in continual pain, restless, feverish, and sick. She had worn a plaster-of-paris jacket, but without any benefit. I found her cervical vertebrae extremely tender to the touch, that any pressure of the head downwards gave increase of pain, but that slight drawing upwards, with one hand under the chin and the other under the occiput, gave instant relief, showing that the bodies of the cervical vertebrae were inflamed. When her head was removed from the reclining position, she instinctively put one hand to each side of it and held it up. I took careful measurements and a tracing of the lead pipe moulding, and sent them to Mr. Cocking, of Plymouth, who supplied me with a felt corset, jury mast, and head straps. These I applied, and relief was promptly afforded. The child's condition improved from the first; she gained appetite and flesh, and some months afterwards was bright, cheerful, and well conditioned, but did not like to have the jury mast removed for my inspection for any length of time.

The second case was that of a young man, aged 24, with a broad-chested figure, whose head was sunk, neck apparently shortened, breathing rapid and distressed. He complained of much pain and weakness, and had been compelled to give up an excellent situation and was rapidly getting worse. I measured as before, ordered corset and felt jacket, and applied them. His relief was immediate and great as regarded every symptom. After watching him for a short time, I sent him for suitable change of air. In three months he was able to resume his occupation, having gained an appointment in a distant city. Two months afterwards he came to see me, and asked to be allowed to wear the corset only while at his employment and the jury mast when at home. To this I agreed, as his condition and restored power in his neck warranted his doing so. Of course, local and constitutional treatment was carried out in each case.

Clifton.

CHARLES STEELE, M.D., F.R.C.S.

TEMPORARY STAMMERING COMING ON WITH TONSILLITIS.

M. O., a domestic servant, consulted me on March 28th. At that time she was suffering from subacute tonsillitis with slight febrile symptoms; she could not then speak a word without stuttering badly. I treated her throat with perchloric acid; and, when she was convalescent, she asked me if I thought the stammering would cease when her throat was well. I was surprised at this, as I had thought her defect was of old standing. However, she said that she could speak as well as anyone before the quinsy came on. I gave a favourable prognosis, and after a week on bromide she could speak almost as well as ever. It seems to me that this is rather an unusual case. Was the stammering due to loss of power of co-ordination of laryngeal muscles, due to reflex causes? There was no alteration in the sound of the voice, indicating that the larynx was free from inflammation.

Kilburn Lane.

H. RAINSFORD.

POISONOUS EFFECTS OF EXALGINE.

THE following case of idiosyncrasy to exalgine may serve a useful purpose to some:

On April 5th, a medical man (aged between 40 and 50), experiencing severe pain in the lumbar and ilio-sacral regions, from which he has been suffering occasionally for some years, quite