My attempt at lithectomy was, I fear, a poor one. With a proper tent, or a three-bladed dilator, or both, the urethra might possibly have been sufficiently dilated to permit the removal of the stone. At any rate, if I meet such another case, and the stone is of moderate size, I will give this method a fair trial before proceeding to lithotomy. In attempting to crush the stone as I did, I did more harm than good.

A CASE OF EAR-SNEEZING.

By JAMES RUSSELL, M.D., F.R.C.P.,
Physician to the Birmingham General Hospital.

AN explanation of the prominent phenomenon in the following case, viz., the constant attacks of sneezing through two days and nights, occasioned apparently by acute inflammation of the middle ear, will be found in a short paper by Dr. Lockhart Clarke on the Phenomena of Ear-Cough, in the number of this JOURNAL for January 15th, 1870. Were argument needed for transferring the reasoning therein from the process of coughing to that of sneezing, the concluding sentence of that paper would afford it: "With regard to the anatomical connection and the mechanism by which I have shown that impressions made on the vagus and on the incident fibres of the trifacial and spinal nerves may call into action the whole class of respiratory muscles, see my memoir." It appears, also, that some sudden change within the cavity of the tympanum in my patient, a change followed by instant deafness, acted upon the heart, through the inhibitory influence of the vagus, and produced fainting. It is also worth noting that there was no vertigo present, the labyrinth having probably escaped. I have commented on another occasion upon the distinction between vertigo and fainting, in connection with a case of the so-called gastric vertigo.

A man aged 56, of nervous temperament, an out-patient of the Birmingham General Hospital, was in his usual health a fortnight ago, when he was suddenly taken with "a kind of gaping and sneezing"; the gaping seemed to come from his heart. The sneezing was incessant during the next two days and night; "he could not tell the quantity of times he sneezed". At last, in the afternoon of the second day, after a dreadful sneezing fit, he tumbled down, and was unconscious for two or three minutes; on recovering, he was completely deaf, so much so that, not knowing what had happened, and crossing the street soon afterwards, he narrowly escaped being knocked down by a passing vehicle. On the following afternoon, he began to hear on the left side, but the sound seemed "to come the contrary way"; if from the front, it appeared to come from behind; if it started from one side of the street, it appeared to come from the opposite side. Ever since, he has been "in agony" from a thumping through the ears, like a pulse beating very quickly, with a constant whizzing and a flutter in the ears. When the thumping ceased, "it was like a toothache behind his ears". He has not had any cough nor vertigo whatever. Dr. Malet, our house-physician, examined the ears for me, and found the left ear full of wax; this having been removed, it appeared that both tympana were acutely inflamed at the attachment of the ossicles, the right very severely, being almost in a state of suppuration. After syringing, I found that the patient distinguished a faintly ticking watch only within three-quarters of an inch of his left ear; a loudly ticking watch, at eight inches. On the right side, he heard nothing, even when the watch was applied to the ear or to the cranium.

CASE OF "ANGINA LUDOVICI".

By JOHN A. ERSKINE STUART, L.R.C.S.Ed., Dunse, N.B.

ON April 29th, 1879, I was called to the country to visit a child six months old, who was troubled with a swelling in the neck. On examining the little sufferer, a state of things presented itself which to me was totally unfamiliar. I found a hard brawny swelling extending over the whole front of the neck, from the lower jaw to the sternum. To look at, there was something of the appearance of emphysema; but, on putting the fingers on the swelling, the hard brawny feeling at once made itself plain. The skin over the greater part of the tumour was natural in colour; but, immediately below the symphysis of the lower jaw, a black spot, of the size of a shilling, presented itself, surrounded by a bluish congested margin, the whole discoloration amounting to about the size of a florin piece at most. The face was also much swollen, and pitted on pressure, evidently due to pressure on the cervical veins preventing return of blood. On palpating the swelling, there was no indication of fluctuation at any point, with the exception of the discoloured circle, where indistinct fluctuation could be detected. The parotid and submaxillary glands were much enlarged and hard. The

child's tongue was foul. Nothing could be discovered amiss with the throat on examination, conducted with difficulty, on account of the stiffness of the jaws. The pulse was exceedingly weak, and the skin very hot. The pupils were enormously dilated. The infant was evidently in *articulo mortis*, having been ill for two days previous to my only visit.

I ordered poultices to the swelling, to be repeated frequently, gave a few grains of hydrargyrum cum creta, and ordered the child to be kept on milk diet entirely. The patient had been brought up on the bottle; but, when this disease developed itself, the mother had to resort to feeding by hand. I gave a very gloomy prognosis, and was not much surprised when the father called next morning to say that the child had died early on that day.

REMARKS.—In no work on practice of medicine have I seen a disease described similar to this. In signing the death-certificate, I assigned the cause of death to cervical abscess of three days' duration. Shortly afterwards, I heard that Professor Grainger Stewart of Edinburgh University had lectured during the winter on a newly discovered disease, called "angina Ludovici"; and, finding that my case presented the exact symptoms detailed to me by one who had heard the lecture, I am convinced that this was a case of that disease. The pathology of the disease is simply an inflammation of the cellular tissue of the neck, going on to suppuration. Another case was seen in this district about the same time by another practitioner, the result being successful, if I remember rightly. Whether I should have opened the tumour at the soft congested spot on that evening now suggests itself to me as a retrospective question. There were certainly no indications for an immediate incision. No doubt an early antiseptic incision might have given the infant relief; but the probability is that it would have sunk, as it had always been a puny weakly creature.

ATRESIA VAGINÆ.

By JOHN HUSBAND, F.R.C.S.E., Ajmere, South India.

ON April 17th, 1878, Narayani, a young woman aged 22, was admitted into the Female Mission Hospital, Ajmere, anxious to see whether anything could be done to relieve her condition of occluded vagina. She began to menstruate when she was twelve years of age; the menstrual flow had appeared at regular monthly intervals ever since; she passed her monthly periods with the minimum amount of suffering; and the fluid was normal in quantity. She stated, moreover, that her parents had married her to her present husband without indicating the condition of affairs, the consequence of which was that he treated her with great contempt, refused to give her jewels to wear, or even decent clothes to put on; and that she was known in the neighbourhood as a "hinjri" (hermaphrodite), and despised of all her neighbours. On making a physical examination, I found that there was not the slightest trace of a vagina. At the upper part of what should have been the vaginal orifice, there was a small pouch-like projection, which turned out to be the urethra greatly dilated, which only admitted the tip of my little finger. With the finger in the rectum, there was no difficulty in making out the existence of the uterus, the mouth of which, opening into the urethral canal, accounted for the ease with which the menstrual function had been performed. The woman had an additional finger for each hand and toe for each foot.

Next day, with the advice and co-operation of the late Dr. Murray, civil surgeon, Ajmere, I proceeded to operate. The patient having been anaesthetised, and placed in the usual lithotomy position, Dr. Murray took charge of the staff introduced through the urethra into the bladder, while I proceeded to make a channel through the tissues between the urethra and rectum up to the uterus. I first made a transverse incision in front of the anus; and then, with a little gentle cutting and a good deal of tearing up of tissue with the fingers, a canal to the uterus was soon opened up, through which the os uteri could be distinctly felt. With the urethra held well up under the pubic arch, and the index finger of the left hand in the rectum, there was no difficulty in knowing where to go, and the operation was soon over. A certain amount of contraction of the tissues occurred, but the canal remained useful for all purposes. A plug of lint, smeared with carbolic oil, was inserted into the wound, and the patient kept in the recumbent position for a number of days. To keep the canal patent, glass plugs were not available; but one made of lac was found the best substitute. The woman herself being extremely anxious that the operation should be successful, did her best to carry out instructions. The wound was progressing so satisfactorily that she left the hospital on May 3rd. A few months after her return home, the woman returned in great glee to tell me she was pregnant. At intervals during her pregnancy, she came to have the canal examined. Fortunately, the child was a small one. The labour passed off with the

minimum of suffering, and without the rupture, apparently, of a single fibre. I saw mother and child this morning, two and a half months after her confinement, both looking vigorous. The woman is not only a happy mother, but has been restored to her friends and to all the enjoyments of the married state.

CLINICAL MEMORANDA.

THE TREATMENT OF MUCOUS POLYPUS OF THE NOSE.

I WAS much interested in Mr. Reginald Harrison's "Note on the Treatment of Mucous Polypus of the Nose", which appeared in the JOURNAL of the 15th November, as I have lately employed with considerable success a somewhat similar method. I have applied rectified spirit in the form of spray to the polypi. The immediate effect of this is to produce diminution in the size of the growths. In some instances, the polypi have shrivelled up and disappeared altogether. This method of treatment was suggested to me by seeing two large polypi which I had put into spirit for preservation reduced in a few hours to half their original size. Mr. Harrison's method of puncture seems to me admirable; and I shall in future employ it as a preliminary to the spirit spray in aggravated cases.

A. G. MILLER, F.R.C.S. Edin.,

Lecturer on Surgery, and Senior Assistant Surgeon to the Royal Infirmary, Edinburgh.

SLOW PULSE.

III.

MR. NOBLE, in reporting an interesting case of slow pulse (36) in an old gentleman of ninety-six, asks if such is rare. An old woman here recently passed quietly away at eighty-three, whose normal pulse, when she was in perfect health some months before her decease, was 25. I am attending a young lady whose lungs I believe to be studded with tubercles throughout. She is emaciated; has cough, night-sweats, and a temperature of 101. She is, and has long been, engaged in teaching at her own house; continually asserts herself as well, and deprecates my "making a fuss" about her. The pulse is 180 on entering the room, but, after a quarter of an hour's quiet converse, settles down to 168, and so permanently remains. Her condition has not varied for many months.

EDWARD GARRAWAY, Faversham.

IV.

I HAVE met with several cases of remarkably slow pulse. One was that of a parish minister in Ayrshire, whose pulse, very carefully counted by me on one occasion during the summer of 1875, and in the afternoon only, numbered 32; and on various other occasions was only 36. So far as I could elicit, his pulse had always been slow; both radials were alike. The retardation, so far as I could determine by unaided sense, was shared in equally by all the elements of the cardiac revolution. If anything, there was a slight comparative prolongation of the "pause". The sounds were clear, deliberate, and prolonged. When the pulse was counted at 32, there was a condition of general nervous prostration. At other times, he had ordinary health. The patient is ordinarily vivacious, and not by any means of a morose habit.

R. PARK, Glasgow.

V.

MR. NOBLE'S case of slow pulse reminds me of a similar one which recently came under my own observation. A gentleman aged 38 consulted me for constipation depending on a torpid liver. On feeling his pulse, I was surprised to find it barely 40 in the minute and rather weak. The heart's sounds were somewhat "muffled", but not markedly so. There was no valvular disease. The patient had never experienced any tendency to syncope. He had no breathlessness on exertion, nor did he feel much inconvenience from cold extremities. On several subsequent occasions, I found the pulse varied from 40 to 60; but when at the higher rates it was intermittent. It is noteworthy, that a brother of the patient was found dead in bed, and that some near relatives were of the hæmorrhagic diathesis.

JOSEPH QUIRKE, M.R.C.P.E., etc., Birmingham.

VI.

IN 1875, I was sent for to see a gentleman, aged 67, living near York, whom I had previously attended in attacks of faintness and dyspepsia. He was suffering from his usual ailment, and had also symptoms of cerebral softening. His pulse was 32, regular, soft, and moderately

full; and at subsequent visits I found that it ranged from 30 to 36, never exceeding the latter. A year later, he came to live nearer to me, and I had frequent opportunities of seeing him. On three occasions, his pulse was 28. He died suddenly one afternoon while sitting at the table. In the other case, that of a woman aged 69, whose chief symptoms were faintness, dizziness, and general languor, the pulse ranged from 30 to 36; its usual rate was 32. She is still living, and in tolerable health, saving the occasional faintness.

JAMES CROCKER, M.R.C.S.E., L.S.A., Bingley.

THE CAUSE OF LATERAL CURVATURE OF THE SPINE.

DR. DRUMMOND'S report of his case of lateral curvature of the spine following unilateral pleuropneumonia, published in the JOURNAL of November 22nd, calls for some remarks.

With regard to the cause of lateral curvature, Dr. Drummond states with regret that a purely mechanical explanation is "at all events to a great extent" now substituted for the "muscular theory". It seems to me an unfortunate circumstance when any one adopts one exclusive theory for a subject sufficiently broad to admit of several, for in doing so he will run the risk of thrusting aside "general principles". Delpech promulgated a theory that the erect position of the spine depended upon muscular antagonism, and that scoliosis was caused by a one-sided increase or decrease of muscular power. Werner, in 1851, attempted to prove that Delpech's theory was a gross error; he maintained that muscular antagonism had no existence. Jules Guérin, whose theory Dr. Drummond refers to as one to be upheld, considered "muscular retraction" the invariable cause of scoliosis, and, according to Bauer, he treated all cases by employing tenotomy or myotomy. He was opposed by Dieffenbach and by Malgaigne. At an inquiry instituted by the Academy, "Guérin could not be persuaded to submit more than one case to the inspection of the Committee; but the latter succeeded in collecting twenty-four of his cases. Most of them were not only aggravated by the operation, but some completely disqualified to labour." I quote from Bauer. Dr. Drummond probably refers to Guérin's theory, and not to his treatment.

There are other muscular theories; and Dr. Drummond considers that in his case pain in the lung and pleura gave rise to the distortion. He explains it thus. "The side being fixed to avoid as much as possible the friction of the inflamed pleura"....."an opportunity is consequently afforded the muscles attached to the vertebræ to rotate the same." But the opinion almost universally prevails that rotation is absent in lateral curvature consequent upon pulmonary and pleural diseases; and if Dr. Drummond is sure that in his case the depression of the ribs, etc., was really owing to rotation of the vertebræ, and not simply to consolidation of the lung, it will form an interesting exception to the general rule.

Dr. Judson's rotation theory (in opposition to the serratus magnus muscle theory) admits an apparently good reason for the absence of rotation in lung and pleura cases.

As to the "mechanical explanations" of scoliosis, does Dr. Drummond doubt that obliquity of the pelvis, from whatever cause occurring, may give rise to spinal curvature?

19, Savile Row.

E. NOBLE SMITH.

OBSTETRIC MEMORANDA.

TURPENTINE IN POST PARTUM HÆMORRHAGE.

SOME three years since, I published a case of *post partum* hæmorrhage treated successfully by a large dose of turpentine. I still have great cause to be thankful for such a valuable remedy, and since that time have had six or eight severe cases treated in the same way, and with the same result. I attended this week a patient who always floods severely. Her last confinement was of a very serious nature, and I had great difficulty in arresting the hæmorrhage. This time it commenced again immediately after the expulsion of the placenta, which was within five minutes of the birth of the child. I had previously given ergot, and had grasped the uterus firmly, but the hæmorrhage increased. I then gave the turpentine draught; and, within a few minutes, she said she felt better and warmer. Her pulse improved in volume, the uterus contracted firmly, and the hæmorrhage stopped. There was no sickness, and from that time she did well. I have tried many other remedies in these severe cases, and in none have I found such quick and satisfactory results as with the turpentine.

JAMES POLLARD, Torquay.