accumulation, was reported in the *BRITISH MEDICAL JOURNAL* of April 10th; a similar case has since come under my own care, a brief report of which may also prove of interest to some of the readers of the *JOURNAL*.

My patient, a married lady, is also about 50 years of age. She has always been healthy, has had a family, and there is no trace of hereditary tendency to mental disease. The duration of mental unsoundness, when she came under my care, was said to be about three weeks. Its cause was stated to be anxiety in family matters. The mental symptoms had been great melancholy and depression; determined opposition when asked to do any ordinary or rational thing; obstinate refusal of all food; constant restlessness; tossing her hair about and tearing it; walking about in her night-clothes; violently refusing to be dressed. She was so violent that she could not be kept in any one position for a moment. She was absolutely incoherent in conversation; had not slept for many nights; and could not be controlled.

On examination, she was found to be violent and resistive; her hair was in great disorder; she was constantly restless, moved continuously, swaying backwards and forwards from one foot on to the other. Her breath was offensive, and had the odour peculiar to abstinence from food. She was profoundly taciturn, incomprehensible, lost, and bewildered; and absolutely refused all food, nourishment, or even water. It was found necessary, in order to support her strength, at once to administer liquid nourishment by means of the stomach-pump; and this was, of necessity, afterwards repeated three times daily. At the end of a week, all medicines and enemata given having failed to act satisfactorily upon the bowels, and it having been ascertained that the same condition of things had been in existence three or four weeks previously, examination *per rectum* was made, when a dense and hardened mass of scybala was found; it was broken up, and partially removed by means of spoon-handles; and this, followed by a renewed enema of several pints, thoroughly evacuated the lower bowel.

Up to this time, the mental symptoms had continued as they have already been described, notwithstanding also a very large amount of liquid nourishment and stimulant administered mechanically; the tongue had remained dry, coated, parched, and parchment-like; the lips and teeth were similarly coated, the former becoming dry and excoriated. But, very soon after the free evacuation of the bowels, all the worst symptoms began gradually to disappear. Consciousness and comprehension returned, and attempts were made to partake of food and nourishment naturally. These favourable symptoms have steadily gone on since; and now, the third week of treatment of what promised to be a formidable and prolonged attack of melancholia, with stupor, finds the patient calm, coherent, sensible, industrious—with, in short, convalescence perfectly established, and discharge from care imminent.

A CASE OF RHINOSCLEROMA.

By SIDNEY DAVIES, M.A., M.B.(Oxon.), Cairo.

THE patient was a woman, named Sittayta Ahmed, aged 30, a native of Egypt, and living in Cairo. Her occupation is cooking and selling sheep's heads and trotters. She has been married twelve years, and had six children, four of whom have since died.

History.—She did not remember having any previous illness, with the exception of an ulcer on her left wrist. About a year before her marriage, she first noticed a small swelling in the septum nasi, which had gradually increased and extended until the time I saw her. There had never been any discharge, and she had never noticed anything wrong in her throat.

Description.—She was first seen by me in the beginning of March, 1885, and then presented the following appearance. She had a healthy complexion, was well nourished, and pregnant; she had ulcerations of the corneae. The appearance of her face was striking, and rather repulsive, owing chiefly to the great breadth of the nose. The internal canthi of the eyes were two inches apart, and the breadth between the alae nasi also two inches. The nose appeared correspondingly flattened. The nostrils were filled up by a hard resisting growth, of the same colour as the lips; this growth extended from the lower border of the nostrils half way down the lips. This part of the growth was elevated about a quarter of an inch above the skin. The nostrils were represented by two pin-holes, through which a probe could be passed to the back of the pharynx. The septum and all the nasal cartilages were much thickened. The nasal bones seemed unaffected. The soft palate and fauces were abnormal; the uvula was not visible, and the mucous membrane of the soft palate appeared pale, infiltrated, contracted, and rigid. On passing the finger into

the pharynx, a growth could be felt filling up the posterior nares, similar, but not so dense, as that in front. The postcervical glands were enlarged. There was a moderately enlarged thyroid body. The legs were normal.

Treatment.—The patient was treated for three weeks with iodide of potassium in large doses, and liquor hydrargyri perchloridi. No improvement took place, and she was anxious for an operation. Accordingly, on April 3rd, in the presence, and with the assistance of Drs. Veroni, Sandwith, and Richer, I cut away the chief part of the growth in the left nostril, and then applied the benzine canter, burning a passage through to the pharynx. The wound healed in a few days, and the patient found relief and comfort from the enlarged meatus. At her request, I operated in a similar way on the right nostril on April 14th, making a passage rather larger than on the first occasion. I saw her again in the middle of October. Her appearance was somewhat improved, owing to the partial destruction of the growth on her upper lip; but what she considered of higher importance, her facility of respiration and speech continued very greatly enhanced. The nasal meatus on each side had partially filled up, but to a smaller extent than I expected. They would admit a fair sized quill.

Microscopic Examination.—Part of the growth removed in the operation was kindly examined for me by Dr. Brugich, at the Khedivial Laboratory, by sections, staining, and cultivations; no bacteria were found. Sections showed a small celled infiltration of the papillae and chorion of the skin, similar to the appearances described by Kaposi.

REMARKS.—Rhinoscleroma was first described, in 1870, by Hebra and Kaposi, and is still so rare a disease, that no excuse is needed for reporting a new case. When I first saw this case, I regarded it as an unusual manifestation of syphilis, the woman having a doubtful syphilitic history. While the patient was under treatment, I noticed the account in the *BRITISH MEDICAL JOURNAL* for March 7th, 1885, of the case described by Drs. Payne and Semon, by means of which I at once identified the present case as rhinoscleroma.

As far as I am aware, this is the first case observed in Egypt. It was shown by me to many of the leading members of the profession in Cairo, including Dr. Sonsino. None had seen a similar case before, excepting Dr. Urdit, who had seen one in Germany, and recognised the similarity of my case to the one he had seen. My case agrees in nearly all particulars with that of Drs. Payne and Semon. Notes of epidermic cells were not observed, however.

Dr. Morell Mackenzie has given a short summary of all that is known respecting this disease in his *Diseases of the Throat and Nose*. He remarks: "Of a total of about forty cases hitherto observed, all but three were met with in Vienna or its neighbourhood. Two of these occurred in Italy and one in France, but I am not aware of a single instance in which the disease has been noticed in any other country."

A CASE OF THYROIDECTOMY.

By J. P. BRAMWELL, M.D., L.R.C.S.,

Visiting Surgeon to the Perth Infirmary.

TWELVE months ago, a young farmer, in the neighbourhood of Perth, consulted me regarding a swelling in his neck, which I found to be a goitre. It was not of large proportions, but was situated directly over the trachea. There were no urgent symptoms, but, as I had shortly before seen a goiterous patient die of sudden asphyxia, in whom the growth was very large, I deemed it safest to ask my patient to have his thyroid gland removed before it became larger. To this proposal he consented, and was placed under my care in the Perth Infirmary. A free incision was made in the mesial line, and the whole gland dissected out. The hæmorrhage was very profuse and alarming, but was at last effectually arrested.

We had not, however, done with our troubles. High fever ensued, followed by an attack of erysipelas all over the anterior aspect of the neck, and then a free suppuration of the wound. All this, however, subsided shortly, and the wound closed apace. In two or three weeks afterwards, he returned home in good health.

REMARKS.—I have watched this case, from time to time, during all this period, by inquiring of his relatives, and by personal interviews with the patient himself; but there never has been any appreciable degeneration, either mental or physical—in fine, no cachexia strumipriva. With such a fact before us, it is tolerably clear that we have not as yet discovered the true function of the thyroid, and that the whole question is, as yet, *sub judice*. The thyroid has been credited with too many functions to be all correct; for example, a destroyer of ptomaines, a metaboliser of mucine, a regulator of the cerebral circulation; and a medical friend informs me that, after an operation

for removal of this gland, which proved fatal, he found a ligature firmly tied round one of the pneumogastric nerves (not by him). If this unfortunate had lived, we would have seen respiratory derangement enough, and thus a fourth duty would have been assigned to the thyroid—a co-ordinator of respiratory function. It is a begging of the whole question to say, as Koler has done, that, where cachexia strumipriva does not follow in such cases, the thyroid was only partially removed. Certainly, it was not so in my case. May the difference of results not be caused by some nerve-lesions having been inflicted during the operation in some cases, and not in others? Too much has certainly been made of the fact that cretins have diseased thyroids. The diseased condition of the thyroid is here not the cause of the other morbid conditions, mental and physical, but simply one of many which make up a pathological whole.

We must wait for more light on this vexed subject.

SURGICAL MEMORANDA.

DISLOCATIONS OF THE HUMERUS.

I THINK I may justly lay claim to priority in suggesting abduction as a means of reducing dislocations of the humerus. My method was described by Dr. Ryder in the *JOURNAL* of May 8th, and it was suggested in 1881; whereas, Dr. Macleod's dates only from January this year.

In the descriptions given of dislocations reduced by Dr. Macleod's method in the *JOURNAL* of May 22nd, both surgeons unwittingly steadied the scapula, Mr. Miall with one hand, and Mr. Beevor with one heel. I have suggested that that bone should be manipulated with the hand during abduction and extension; possibly it may be as successfully steadied with the foot, though the depressing power over it will thus be lost.

C. R. ILLINGWORTH, M.D.,
Clayton-le-Moors.

THERAPEUTIC MEMORANDA.

TEREBENE AS A GENERATOR OF OZONE.

IN the leading article in the *JOURNAL* of March 13th, on respiratory therapeutics, I was pleased to see that the treatment of lung-diseases by inhalation was considered to be beginning to be adopted by the profession at large. It has been for years my favourite method of treatment, in a district where, unhappily, pulmonary complaints are unusually abundant. In the *BRITISH MEDICAL JOURNAL* for 1881 (Vol. ii, page 666), I stated that, after four years' trial, I had adopted terebene in preference to other antiseptics, and had administered it both internally and by inhalation in over two hundred cases of phthisis, bronchiectasis, chronic bronchitis, and other pulmonary complaints characterised by profuse purulent expectoration. Further experience has strengthened this opinion. In connection with this subject, I wish to call attention to a point which appears to have been overlooked by recent writers on the subject; namely, the formation of ozone which attends the slow oxidation of the various members of the turpentine group. When I went to reside at the North Staffordshire Infirmary, ten years ago, I was struck with the remarkable success which attended the treatment of chronic lung-diseases; a fact which I at first attributed solely to the elevated site of the hospital. But I afterwards noticed that there was a high percentage of ozone in the atmosphere, especially when the wind was from the west, where there are extensive tracts of pine woods. It is well known that the air in pine-woods contains a large amount of ozone. Mr. W. Goss, a pottery manufacturer in Stoke, informed me that he had noticed that the men and girls employed as enamel painters, were exceptionally healthy compared with the other pottery workers, although the hygienic conditions were mostly unfavourable; the painting having to be done in hot close rooms. He attributed this entirely to the turpentine, which is used as a medium for mixing the colours. Spirit of turpentine is exposed in the room, in flat leaden vessels, where it speedily oxidises. Part of the oxygen liberated attacks the vessel, which becomes coated with oxide of lead: the rest escapes into the atmosphere in the form of ozone. Pursuing this subject still further, I have made inquiries at several small shops where paraffin is sold, and have found that the inmates are unusually healthy and fresh-looking, considering the bad hygienic construction of their dwellings. I have likewise found two cases where the vendors had previously suffered from chronic chest-disease (consumption they told me) and had taken to selling paraffin, in addition to their other articles, and the result had been

permanent relief of their ailments. Bearing these facts in mind, I have, for some time past, treated chronic lung cases by exposing terebene and turpentine in the room, in flat shallow dishes. The results have been, as yet, satisfactory, but further trial is necessary before a definite conclusion can be drawn. I should be obliged if any member of the Association can inform me whether any statistics have been made as to the health and immunity from lung-diseases of residents in pine-woods, vendors of, and workers in, paraffin and other volatile hydrocarbons; and also whether any experiments have been made by exposing any of the above substances in wards for consumption, or other sick chambers. If a curative action can be proved, it would be useful in indicating a site for a sanatorium for chest-diseases.

ALEXANDER M. McALDOWIE, M.D., Stoke-on-Trent.

CLINICAL MEMORANDA.

EXOPHTHALMIC GOÏTRE: FAMILY PREDISPOSITION.

THE following cases of exophthalmic goitre recently came under my care, and show an apparent family predisposition.

Mrs. V., aged 35, married, had a well marked exophthalmos, and a goitre of the size of an orange. Her pulse was rapid and variable, with enlarged heart, and a systolic mitral murmur; the disease was of three years' duration.

E. B., sister of Mrs. V., about 28, single, had very marked exophthalmos, and a moderate sized goitre. The pulse was about 90 to 105, her heart normal. There were signs of incipient phthisis at the left apex. I was informed, by the medical man who attended the family for some years, that a third sister, presenting similar symptoms of Graves's disease, died of phthisis when under 30; and the mother of all three sisters died at 42, also from phthisis, and with distinct symptoms of exophthalmic goitre.

ROBERT B. WILD, B.Sc., M.R.C.S.

GASTRIC NEURALGIA.

MR. E. C., a clerk, aged 21, anæmic, and weighing about 15 stone, consulted me in June last for dyspepsia, etc., with the following history and symptoms. He had had no previous illness, excepting those attending childhood. He had always lived temperately; his habits were sedentary; his meals were irregular, and at long intervals, generally hurried; he had bad teeth. In the last few years, he had had great mental anxiety. There was no history of gout, rheumatism, or syphilis. He was gaining weight rapidly. During the last three years, he had suffered with attacks of gastric pain lasting several weeks, recurring every few months; these had gradually increased in severity till the present time. He had been treated at different periods for dyspepsia, but with only temporary relief. When I first saw him, he appeared to be suffering acutely, and to be in great want of sleep. He complained of sharp shooting and griping pains, immediately below the ensiform cartilage, which came on about three hours after taking food, being particularly severe at night, interfering with rest. Upon eating, the pain ceased instantly, and relief lasted two to four hours. There was neither sickness, nausea, pyrosis, nor jaundice; and, excepting pain, insomnia, and constipation, he enjoyed good health.

The diagnosis, at first, somewhat puzzled me; but, by exclusion, I suspected some neurosis, since the pain was relieved by food, and occurred about the time when only the more insoluble and larger masses of food would remain in the stomach; these, acting as irritants, would easily cause the symptoms. There was evidently deficient proteolytic action, either due to want of hydrochloric acid, or of the so-called peptic ferment. Doubtless, insufficient mastication was answerable for a great deal.

He was ordered a mixture of tincture of nux vomica and hydrobromic acid, three times daily; also twenty minims of dilute hydrochloric acid, in a wine-glassful of warm water with each meal. He was also directed to take regular meals and light diet, without stimulants; to take judicious exercise, to have Turkish baths, and to wear flannel shirts; also to have a pill of nux vomica, belladonna, and scotrine aloes. In a few days, he was relieved, and, in three weeks, was free from pain. There has been no recurrence, and when I saw him last, he expressed himself as being "perfectly well."

I have also had three cases almost similar, which speedily gave way to a like treatment; and I venture to record the above, believing it to be a typical and instructive example of that somewhat obscure disease, gastric neuralgia.

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