ceases to be a breach of confidence if the medical man makes such reports.

I should hesitate to support this clause, not on the ground of any breach of confidence on my part, were I to carry it out, but because I doubt if it be the best method of attaining the object in view. It is also open to doubt whether the proposal would work well which requires that the medical attendant shall give notice to the master of the house, and on such notice the householder shall be required to communicate with the sanitary authority. Both of these propositions throw directly on the medical attendant the onus of taking the initiative.

While I admit that this part of the subject is surrounded with difficulties, I am disposed to think that it would be a just as well as a wiser course to throw on the householder the prime initial step. It is not unreasonable to say that every householder having on his premises an individual attacked by an infectious disease, is bound by his duty towards his fellow men, to prevent the spread of that disease. I should consider it to be his duty to ascertain from the medical attendant whether the disease was infectious, and I should require him to give notice, so that every precaution might be adopted against its spread. This might be accomplished by making every householder liable to indictment if disease were known to exist on his premises; but on obtaining a certificate from the medical attendant that the disease was not infectious, the indictment should be withdrawn. The effect of such an arrangement would probably be, that the householder would (when he understood his own liability) at once request his medical attendant to inform the sanitary authority; otherwise, in case of death or publicity from any other cause, the householder would be found out, and his offence would be legitimately regarded as deserving of punishment.

It has, I believe, been correctly stated that the important question of the compulsory notification of infectious diseases has now been (by Mr. Gray), for the first time, formally brought under the notice of the House of Commons. As to its desirability, it may be said that there exists absolute unanimity; no one doubts the enormous advantages which would arise from it. The real practical difficulty of bringing such a measure into active operation lies in a detail, but a detail of vital importance as regards its success. If we are to have compulsory notification of infectious disease, who is to be the person compelled to notify?

I do not believe there could be a question more worthy of being thoroughly investigated by a Select Committee of the House of Commons than this, or one the investigation of which would bear better fruit.

This Branch of the British Medical Association has the merit of having now directly brought the subject under the notice of Parliament; let us hope that it will urge the matter forward. Let us use every exertion, by appeal to the entire Association, to induce the Government to refer the question mentioned to a Select Committee of the House.

A CASE OF LONG MAINTAINED FIXED POSITION.*

By W. C. BLAND, M.R.C.S.,
Medical Superintendent of the Borough Lunatic Asylum, Portsmouth.

JOHN GREENWOOD, aged 31, widower, was admitted nearly fourteen months ago into the Borough Asylum, Portsmouth. Previously to this, he had been five months in Fisherton House Asylum, and in the Portsea Workhouse. The patient was an able-bodied seaman in the Royal Navy, and bore a first-rate character for intelligence and steadiness. He was drafted into the Coast-Guard.

One day, he put out in a heavy gale in the life-boat, and was reported by his comrades to have been struck by lightning. When he came back, he grew very excited and exalted, declaring that God had revealed all things to him. He was then taken to the workhouse, where he exhibited a demented behaviour. He would stand still for hours together, and, when addressed, only grinned fatuously. We have no accurate history of him, further than that he was taken to Fisherton House, whence he was transferred fourteen months ago to the asylum at Milton.

On admission, he was extremely emaciated; but all his thoracic and abdominal viscera appeared healthy. He has since been fed on minced food and sop, and has gained about thirty-five pounds. He has assumed a position, in which every limb is rigidly extended; the legs and feet pressed firmly together; and the arms and hands pressed to the sides. The eyes are closed; and, when one retracts the lids, he rolls his eyes

upwards, so that it is impossible to see the pupils. The features are fixed and impassive, and the muscles are all well developed and firm. Although flies settled all over his face last summer, he never moved a muscle. All his food has to be given him with a spoon by the attendant. He moves his jaws but little, performing mastication chiefly with the tongue. He is held over the stool regularly, and every third day he has a motion. He sleeps well at night. The electrical reaction of his muscles is normal, and the muscles are all well developed and firm. The knee tendon-reflex is scarcely apparent; but, on pressing up his foot sharply, there is a distinct quiver in the calf and foot. He has been under continuous observation night and day, and only twice has he moved. On both occasions, he was seen by the night-attendant to lie on his side and rub his eyes. He has never spoken except once. When he was asked the day of his admission, he replied correctly, "Tuesday". He has been exercised for ten days by three attendants—two moving his legs, whilst one held him upright; and then every joint has been flexed repeatedly. And he has been maintained in an attitude of prayer for a quarter of an hour at a time; but, beyond slight exhaustion, this produced no effect whatever. Whenever one of his limbs is forcibly removed, it is brought back to its position immediately when let go, as though under the influence of a spring. Amynitrite has not the slightest apparent effect on his condition, further than producing a blush. The patient was put under chloroform; when he opened his eyes, with the pupils widely dilated. An ophthalmoscopic examination showed the retina to be perfectly normal. Under the influence of the chloroform, he relaxed his muscles but little; but the narcosis was not very deep; and the relaxation was sufficient to show, if proof were needed, that there exists no spinal lesion.

It is impossible to classify this case under any known head. Catalepsy is excluded by the absence of a characteristic symptom; viz., the joints, when placed in a different position, are not retained in that position. There is nothing passive; the whole attitude is produced by voluntary muscular action. To me, the most satisfactory view is, that it is a result of a fixed delusion. But it is impossible to ascertain the nature of the delusion, or even its existence, with certainty.

RUPTURE OF THE MEMBRANA TYMPANI, WITH DIFFUSE MYRINGITIS: THE RESULT OF A SNOWBALL.

By ROBERT TORRANCE, L.R.C.P. Ed.,
Surgeon to the Newcastle-upon-Tyne Throat and Ear Infirmary.

J. L., aged 16, came to me on January 12th, 1881, with a pale and anxious expression, suffering as he said from "ear-ache", which had lasted over forty-eight hours. The history of the case was, that, while snowballing with some companions, he was hit by one on the right ear, which caused him the most intense agony; the pain, indeed, to use his own words, made him shriek and tremble. On examination with the otoscope, a rupture of the membrana tympani was discovered, slit-shaped, parallel and posterior to the handle of the malleus; there were also traces of hæmorrhage in the external meatus, which had evidently come from its vessels. In addition to this, however, there was a pinkish hue of the membrane, with a good deal of vascular injection, around the periphery of the drumhead, and along the handle of the malleus, though the other parts of the membrane remained of their normal colour. He complained of much tinnitus aurium—a loud buzzing in the ear, with confusion in the head—which was set down to concussion of the labyrinth; and probably correctly so, as the tuning-fork was heard less distinctly in the injured ear, and a watch that should have been heard at twenty feet, was only heard at about two inches. For days after the accident, there was a feeling on the same side of the tongue as if something cold had been rubbed over it, and the taste on that side also was impaired; but the sensibility of the tongue to touch remained intact. Antecedents were carefully inquired into, but the patient positively asserted that he had not previously suffered from defective hearing. The ordinary treatment was adopted of placing leeches over the tragus, using the warm douche, etc., when the pain speedily subsided, and the rupture healed perfectly in a few days, without a suppurative process, but the hearing power has only been partially restored.

REMARKS.—This case has been related on account of its extreme rarity, the membrana tympani having much resisting power, both from the so-called membrana flaccida, or Shrapnell's membrane, which yields when undue pressure is brought upon it, and from its oblique position in the canal, which causes a portion of it to be covered by the walls in such a way as not to receive the whole force of a column of compressed air. But, though it is well known to be ruptured from

* Read before the South Hants District of the Southern Branch.

explosions, or sudden and violent movements of the atmosphere, which cause the undulations to be condensed and forced inwards upon the drumhead, we do not often see it so injured by a blow upon the ear; and to my mind the following is a solution of the case in point. The lad was certain that his hearing had always been good; but it is possible that, during the snowstorm, he may have been suffering from some catarrhal affection, which prevented the air from freely circulating in the Eustachian tubes and the cavity of the tympanum; or there may have been some old Eustachian mischief, preventing the muscles of the tube from acting very quickly, as they always do, and forcing, as it were, a current of air in upon the drum-membrane from the inner side, which would have thus probably counterbalanced the effect of the sudden condensation of air upon the outer side. The other point of interest was the feeling on the same (right) side of the tongue, which was probably caused by injury of the chorda tympani nerve, as the same sensations are sometimes felt when a piece of cotton or wool is brought into contact with the cavity of the tympanum and with the nerve. Moreover, cases are on record which prove that its function is probably chiefly in connection with that of taste, which sustains this view, and its anatomy seems to indicate that it has very little to do with the function of hearing.

Two years ago, through the kindness of my friend Dr. Wicks, a patient was shown me, who was under his care at the late Throat and Ear Hospital of this town, suffering from injury by a snowball; but here the case resolved itself into total destruction of the auricle, with chronic otitis media.

PUERPERAL SEPTICÆMIA: RECOVERY.

By N. F. H. FITZMAURICE, L.R.C.P. & S. Ed.,
Stratmiglo, N.E.

MRS. M., aged 46, an enormously stout woman, was delivered, on the evening of October 23rd, of her tenth child. The labour was easy and natural, but the placenta was retained and had to be removed in the ordinary manner, none being left. The child was put to the breast as soon after delivery as possible, as hæmorrhage was anticipated from the excited condition of the circulation. She passed a good night with the exception of a little trouble from after-pains, which were checked by an opiate on the following morning. On the second morning after delivery, she was seized with a severe long-continued rigor. At 9 A.M. the temperature was 104°, pulse 130; she had pains in the uterine region, tympanitic distension of the abdomen; the tongue was clean at the tip and edges, but coated to the base. At 10 P.M. the temperature was 105.19, the pulse 140, bounding. On the 26th October, pulse 130, temperature 104°. The urine was loaded with lithates; scanty, and containing one-fifth albumen. There was no œdema. On the evening of the 27th a slight cough was noticed; this was a little more frequent on the following morning, and the base of the left lung was congested; temperature 105°, pulse 121. The bowels were confined. The face was deeply congested. Headache was very severe. She was conscious. The pupils were normal. She had no appetite. She continued in much the same condition up to the 2nd November; the temperature occasionally falling to 103°, but sometimes being as high as 105.4°. The pulse was one evening 150, and very thready, but averaged 125. There was no vomiting at any time, except on one occasion, due to an over-dose of medicine (sulpho-carbolate of soda).

On November 2nd, temperature 101°, pulse 115. All the symptoms were correspondingly improved, and continued so until 3.30 P.M., when a recurrence of the febrile symptoms set in. The pulse at 6 P.M. was 140, the temperature 105°. This evening she was unconscious, but only for a short time; this was the only occasion on which she lost sensibility. During the night the skin acted slightly, and in the morning she was improved in every respect. A similar recurrence, however, took place at almost exactly the same hour as on the previous day, and followed a very similar course. The urine was slightly increased in quantity, but loaded and slightly albuminous. One other paroxysm, but much slighter, and at a later interval, occurred, after which the patient progressed steadily to convalescence. The lochia up to the present had been suppressed, but now again appeared, and the secretion of milk became established more naturally. The latter was never entirely suppressed.

REMARKS.—Scarlet-fever and erysipelas have been epidemic for some time in this district. The sanitary surroundings of the patient were of the worst description; only two rooms for the children and father and mother. The prolonged initial rigor, continued high temperature, suppression of lochia and diminution of secretion of milk, point to the absorption, or at all events the action, of some septic material, for which there was ample opportunity. The insidious character of the pneumonitis would also favour that view. I may mention that, shortly before,

another woman died in this locality after labour, but was not attended by me. The treatment was at first diaphoretic: a mixture containing liquor ammoniæ acetatis was given. Turpentine stupes were applied over the abdomen, and opiates given for abdominal pain, and were stopped on the subsidence of pain, not being considered advisable on account of the intense headache, and also the small secretion of urine. The tympanites, the most distressing symptom, was very effectually relieved by a mixture of sulpho-carbolate of soda and tincture of nux vomica. The bowels were relieved by enemata, containing turpentine. As the symptoms always appeared to be relieved by sleep, I tried on one occasion a mixture of chloral-hydrate and bromide of potassium, but had no good result from it. The pneumonitis was checked by turpentine epithems, and the internal administration of carbolic acid and chloral-hydrate, a modified Greenway's formula. On noticing the remittent nature of the attack towards the end of the disease, I gave thirty grains of quinine in small doses between the remission and exacerbation, with the effect first of postponing and afterwards of effectually preventing return. I may add, in conclusion, that from the first morning after delivery (before any febrile symptoms), vaginal injections of lotion of boracic acid were used morning and evening. When the attack was developed, lotion of carbolic acid was used three times a day.

CLINICAL MEMORANDA.

INTUSSUSCEPTION RELIEVED BY AN INJECTION.

JOHN V., aged 21, joiner's apprentice, came to see me on March 17th, 1880, complaining of pain in the right side of the abdomen. He said it came on after a sudden twist. As he had no other symptoms, I gave a mild aperient, and told him to rest for a few days. On March 18th, he was not so well. Temperature 104.8°. He complained of sore-throat. As he had recently been exposed to the infection of scarlet fever, I expected he was going to be attacked. On March 19th, he complained more of the pain in his body. He could not bear pressure. Milk diet was ordered, and poultices to the abdomen. On March 22nd, the pain and tenderness of the abdomen was the same. I ordered one-eighth of a grain of morphia in pill twice a day. The symptoms remained much the same till March 29th; the bowels had acted slightly once or twice, and he remained tolerably easy with the morphia pills; the abdomen, however, became distended. Up till this time, I looked upon the case as one of peritonitis.

On the afternoon of the 29th, I found him vomiting, with an anxious expression; tongue brown and furred. He complained of pieces of jelly-like substance passing from his bowel, and of difficulty of passing urine. The catheter was used, but little urine passed. He had hic-cough. On examining the bowel, I found the anus so dilated, that I could easily have passed in my hand. A quantity of jelly-like mucus was escaping. On passing my finger, I found a portion of bowel as large as a man's fist: it felt almost like the foetal head in the perinæum; and every few minutes there was a violent bearing-down pain, which gave the impression that the descended bowel would soon pass through the anus. The finger could be passed all round the mass, and high up at the back I could just introduce the tip of my finger into the orifice of the invaginated portion. As I was some miles from home, and had no long tube with me, I returned on the following morning, March 30th. With some difficulty, I introduced the long tube of a stomach-pump through the orifice mentioned, and, with steady pressure, passed it about two feet, and then injected slowly three pints of soapy water. Flatus passed through the tube, and shortly afterwards liquid fæces. Some pain was caused during the injection, but almost immediate relief followed. On examining the bowel, I found the descended intestine much decreased in size. I gave strict orders that the motions, if any came, were to be passed on the back; but, on returning in about an hour, I found the patient seated on the night-chair, having the bowels very freely moved. On the following day, I found him with all his bad symptoms relieved. Nothing was to be felt in the rectum except fæces; and, from this date, he made a very rapid recovery.

ALFRED KEBBELL, M.R.C.S. Eng., Flaxton, York.

SCLERODERMA INFANTUM.

I HAVE not heard of the affection to which I apply the above name, and communicate this case as a curiosity. Last month, I attended a woman in her sixth confinement. Previous labours had been natural, and other children were healthy. The os was very rigid; and, after I had dilated, as labour did not progress, I applied forceps. The child was of about seven months, small, and partially asphyxiated. Upon touching it, I found the skin hard, leathery, and tense—so much so that