in the practice of Dr. Barclay of Leicester. I should have reported this case earlier, because it appeared to be an eminently practical question to bring before the profession, whether chloral had a beneficial effect upon cases of puerperal convulsions, but that I thought the question would not be one unfitted to lay before my friends at this our annual meeting.

I will detain you no longer, gentlemen; my paper professes to be a practical one, and nothing else. The pathology of these cases I do not touch upon here. It has been so well and ably set forth by Dr. Barnes in his late lectures, that it would be folly on my part to reproduce it.

ON HÆMATOMA AURIS.

By WILLIAM YEATS, M.D., Coton-Hill Institution, Stafford.

THIS affection, also named Othæmatoma, or sanguineous tumour of the ear, almost without exception peculiar to the insane, has, at different times, been treated of in the current medical journals, both in this country and on the continent, and is generally referred to in the more recent works on insanity. Seeing that the presence of the affection is almost sufficient in itself as a symptom to stamp the insane individual as mentally incurable, the case recorded below, being a decided recovery, is rare enough to be worthy of record. Before, however, detailing the case, it may not be out of place to give a brief *resumé* of the received facts regarding the nature, causes, and prognosis of the affection. The diagnosis and treatment require no notice, as the former is unmistakable, while the latter is unnecessary, and never enforced, as far as I am aware, as the disease tends to a spontaneous cure.

A learned essay on the subject was written by Dr. Fischer, of Illnau, and translated by Dr. Arlidge, in 1854. Dr. Stiff, of Nottingham, gave a very full account of the affection in the *British and Foreign Medico-Chirurgical Review* for 1858; and more recently, Dr. Nicol, now of Bradford, contributed to the same periodical a well-written paper on the subject in 1870. From these papers, and from my own observation, the nature of the affection may be briefly stated.

The tumour, as it is so called, may occur in one or both ears simultaneously, but generally in one at first. The particular parts affected are those where cartilage is present, viz., the helix, its fossa, the antihelix, triangular fossa of the antihelix, concha, antitragus, and tragus. Several of these parts usually, sometimes the whole of them, are affected together. The lobule is absolutely exempt; for this reason, that it contains no cartilage. The swelling is more prominent on the anterior surface of the ear. Its size varies in different individuals, and in the different stages. In most cases, on its first appearance, the swelling ranges from the size of half a walnut to double, or even more than that; the organ becomes much misshapen, as the natural elevations and depressions become obliterated in the parts affected. In colour, the tumour is purplish; the temperature is often locally increased; common sensation is more acute than usual, and the integument is tense and tender to the touch. Sudden in its onset, and rapid in its growth, its maximum size is reached in a few—often four to six—hours. The swelling commonly begins to lose its acute-looking character, and gradually to subside in about a week, and appears quiescent about the tenth day, although three or four weeks may elapse before such a condition occurs, depending, as I believe, on the usage to which it is submitted. The swelling at first essentially consists of blood, effused between the cartilage and the perichondrium; and here it may be mentioned, that this effusion has been seen to be preceded by a hyperæmic condition of the parts. By and by the effused blood resolves itself into its visible physical constituents, blood-clot and serum; and later on these contents become partly absorbed, partly organised, the result being a tough, irregular, misshapen mass, composed in part of newly formed yellow-fibrous cartilage, and in part of the original cartilage hypertrophied. In many cases, after a year or two, the tumour shrinks a good deal, almost disappearing, leaving the ear shrivelled and puckered, and its cartilages hard, as if they were ossified, although only very little thickened. Regarding this affection, it may be remarked, that it is very unusual for a second attack to present itself in the same ear; also, that it does not seem in any way prejudicial to correct hearing; on the contrary, in some instances it has appeared that the special sense was intensified. The case of a gentleman in the Aberdeen Asylum was striking in this respect. He was the subject of chronic mania, and had hæmatomatous disease of both ears so extensive, that both apertures were almost occluded, yet the acuteness of his hearing was something remarkable.

The affection does not seem to be confined to any particular form of mental disorder. Some have considered its presence more common in dementia, and certainly it does occur quite as frequently in that as in any other form; yet cases of it are present in all the classes. Before me are

the notes of fourteen cases that have come under my notice in the Aberdeen Asylum, and in this institution. To enumerate these: the affection occurred in two cases of acute mania; in four of chronic mania, one of which threatened dementia; in four of dementia, one of epileptic mania, one of epilepsy, one of melancholia attonita, and one of general paralysis. Several other cases were known to me, but unfortunately no accurate notes were kept of them. The affection is generally observed to take place when the general physical health is below par, when the circulation is feeble, and the respiration inactive; exceptions to this, however, are not wanting, although they are few. The tumour may occur soon, or years after the commencement of the mental affection, and is common at any age after thirty. Its occurrence is not frequent, and is less so than formerly, yet it is impossible to give an average percentage, as the comparative numbers in each asylum are so widely different; e.g., in Dr. Nicol's report it is stated that two cases only were present among seven hundred females, while in this institution there are three well-marked cases among seventy females, and six among seventy males. These latter numbers may be considered large. It is noticeable that in most asylums the disease is more frequent in men than in women.

The sane, I think we may safely say, are free from this affection. Two cases, certainly, are mentioned in Dr. Fischer's essay, but their nature has been considered doubtful, the individuals being more insane than otherwise, if we may judge from the description of them.

The causes to which the affection is attributed are almost as various as the writers on it. Here it is only practicable to mention one or two of them. In Dr. Fischer's time it was the generally received opinion that the invariable antecedents of the affection were some dyscrasia, almost or quite peculiar to the insane, as the predisposing, and some external irritation, or violence, as the exciting cause. Dr. Stiff concludes, that the affection is the result of a true hæmorrhage, consequent upon impaired texture of the coats and laceration of the small blood-vessels of the perichondrium, and that it is produced by causes analogous to those that excite cerebral apoplexy. Dr. Sankey's view of the cause is, that the bones of the skull in lunatics become, in many cases, more compact and dense, causing obstruction to the flow of blood through them, and that the result is œdema of the parts from which the veins come. Such a mode of causation is legitimate enough, and very ingenious, however, I would here state, that hæmatoma does not invariably result from such a condition of the cranial bones, for in my possession is a skull of most unusual density and thickness (in some parts more than half an inch thick), the subject of which was a lady who died while in a state of chronic mania, yet no hæmatoma was present. The prevailing idea is, that the cause of the affection is a blood-dyscrasia, casually connected with some general excitement and some mechanical influence. The mechanical irritation may be violence, self-inflicted or otherwise. Many deny that violence has anything to do with it; yet, although believing it to be of very rare occurrence, if we consider that a person is predisposed, it cannot be denied that, if violence were administered, it should be a highly exciting cause. At one time it was believed that a blow was the common cause, and that idea was favoured by the fact that the left ear was more often affected; which, indeed, would be naturally struck by the right hand of an aggressor. Dr. Nicol states that sufficient external irritation is supplied in every case by the unfavourable condition of the ear during recumbency, and that the disease is less frequent in women, on account of the protection afforded by the natural and artificial coverings of the head.

The prognosis of the mental condition in individuals the subjects of hæmatoma is most unfavourable. Recovery is mentioned as possible, and as occurring now and then; yet all observers are agreed that the presence of the affection is of very evil augury. The only individual whom I have seen or read of, as having made an absolute recovery, is the subject of the following case.

E. J., female, aged 33, married, was admitted to Coton Hill Institution on 10th January, 1870. She was under size, but plump, and well made. She was fairly educated, in average good health, and had borne several children. All the bodily functions were normal except the catamenial, which was suspended. She had been brought up in humble circumstances, under the direction of an indulgent and somewhat eccentric parent, and allowed to practise her notions, which were the opposite of sedate or slow. Her charms secured her a very respectable marriage settlement, but her married life was somewhat marred by domestic worry. On her admission, it was stated that this was the first attack, and that its duration was three months. No particular cause was given, beyond that she had been grieved and disheartened at their unhappy and apparent embarrassed condition. From the time of her coming here, until August, 1872, she was the subject of acute mania, with strong suicidal and homicidal tendencies, having attempted drowning, starvation, and even to bury herself alive. At times she re-

fused her food, tore her hair, pinched her skin, destroyed her clothing, was violent to those around her in a marked degree, cunning and malicious, foul in her language, and raved and fumed with passion, rendering it often necessary, during the paroxysms of excitement, to hold her, or to place her in the padded room for safety's sake. She was sleepless and noisy in the night time, and dirty in her habits. She entertained, also, some of the more common delusions, viz., that she was not a woman, that she was dead, etc., and was malevolent to her husband, whom she threatened with hideous punishments. She caused great anxiety on account of her proclivity to elude the surveillance of those in charge of her, in her endeavours to administer her own destruction. She lost flesh, became thin and wiry, and her hands and feet were cold and clammy. She was subjected to several modes of treatment, principally for the purpose of subduing the excitement. At different times she was packed and repacked. She underwent courses of the cold shower-bath several times. Chloral was administered in doses of from forty to sixty grains, night after night, without producing the least effect; at other times the drug was tried in the day time, in twenty-grain doses every two hours, but its administration proved equally futile; one day, as much as one hundred and twenty grains were given in this way, yet no rest or sleep was procured. Bromide of potassium was then administered, in half-drachm doses every three hours, but only to prove as great a failure as its predecessor. The same salt, in combination with cannabis Indica, was given with the same result. About thirteen months after her admission, hæmatoma appeared in the left ear, and followed the usual course, which has been already described. Although inactive, the swelling has shrunk but very little, and at present a very considerable cartilaginous tumour exists, involving the antihelix, concha, antitragus, and tragus, in an unshapely irregular mass. The meatus is quite patent, and hearing equally acute, as on the unaffected side.

The case was considered hopeless until August, 1872, when the excitement became gradually less, her conversation more coherent and rational, her sleep restored, and her habits improved. These conditions continued to develop a return of reason; and in October it was noted that she conducted herself with propriety, could comprehend, and act correctly; the most prominent symptom left being her inability to identify individuals, as she mistook persons before her for some of the actors in her previous history. About the middle of November, the remaining cloudiness of her perceptions cleared up, and she was then considered perfectly sane. A great improvement in her physical condition had also taken place. Continuing perfectly well, with her intellect seemingly as good as it had been originally, her memory vigorous, and moral sense restored, and in good health and condition, she was removed from the institution on the 6th February, 1873, cured.

Seeing that the system had sustained no shock, that no strong emotional affection had been perceived, and that no intercurrent disease had substituted itself, it is impossible to assign any particular agent which influenced the patient's condition and brought about her recovery, beyond systematic moral discipline.

RUPTURE OF THE JEJUNUM, FROM A FALL, IN A GIRL ELEVEN YEARS OF AGE.

By E. HOLLAND, M.D. Lond.

H. P., described as a delicate, lively, and "flyaway" child, fell, at 4 P.M., and struck the umbilical region forcibly against the edge of the stairs. She uttered a sharp cry, got up, walked upstairs alone, vomited the contents of the stomach untinged with blood, complained that she could not draw her breath, and lay down and slept for half-an-hour. On awaking, she got up, walked about, talked freely, and, though seeming faint, made no complaint of pain. At 9 P.M., she went to bed, without supper, and slept soundly till 4 A.M., when she awoke and asked for water. Afterwards, she slept till 6 A.M., when she awoke and again asked for water. At 8 A.M. she walked in her night-dress to an adjoining room, and, without complaint of pain, asked for water and ice. At 12, she walked alone down stairs and lay down on some chairs, and, complaining a little of pain, had some hot flannels applied, but requested them to be removed on account of the "weight". At 4 P.M., for the first time, she asked for something to eat, and, after taking a few mouthfuls of an egg pudding, she vomited, fell back pale, and died without movement.

At the necropsy, thirty-six hours after death, the abdomen was found to be distended with flatus and fluid, and the umbilical region discoloured by bruising. The peritoneal cavity was filled with a sero-flaky fluid, deeply tinged with bile. The peritoneum generally was minutely injected, and more or less universally covered with soft lymph. The jejunum was ruptured for nearly half of its circumference, twelve

inches from the pylorus, and presented a bruised appearance on each side of the rupture. On cutting open the gut, it was found healthy, and its mucous membrane uraised by extravasated blood in the neighbourhood of the rupture. There were no adhesions externally around the rupture, no thickening of the edges, and the latter dovetailed when laid side by side.

COMMENTS.—The interesting features of this case are—first, the slight cause, which can only have its results explained in the delicacy of fibre resulting from youth, and a state of health below par; secondly, the apparent absence of any severe suffering or shock, so that the friends did not consider her ill enough to require medical attendance until the fatal syncope set in, twenty-four hours after the inquiry; thirdly, the sudden termination, with vomiting, after taking food.

SELECTIONS FROM JOURNALS.

MIDWIFERY.

ACTION OF ERGOT ON THE BLADDER.—In an article in the *Centralblatt für die Medizinischen Wissenschaften*, May 24, Dr. Wernich of Berlin directs attention to the distension of the bladder which has very frequently been observed in cases of poisoning by ergot. The distension is attributed to the action of the drug on the vesical sphincter; and practical application of it had been made in the treatment of paralysis of the sphincter vesicæ after typhus, by Oppolzer; in the nocturnal enuresis of children and senile incontinence of urine dependent on simple weakness of the sphincter, by Clarus; and in paralysis of the sphincter in cases of paraplegia, by Barbier, Arnal, Monneret, and Brown-Séquard. The point on which Dr. Wernich especially insists is, that this action of ergot may produce an impediment to labour when it is given for the purpose of assisting this process. He relates two observations. In one, a woman pregnant for the fifth time, was in labour with twins. The pains having ceased for eight hours, and the os uteri being fully dilated, the first child was removed with ease; immediately after this, the bladder was emptied. To obtain the expulsion of the second child, ergot was given. In the course of three hours, severe labour-pains set in, but no progress was made. On revisiting the patient, Dr. Wernich found the bladder enormously distended, and drew off the urine. Immediately afterwards, a moderate pain brought the head below the brim of the pelvis, and labour was soon completed. In the second case, that of a primipara, the head remained deep in the pelvis, and the pains had ceased for some hours. The os uteri was fully dilated. Two doses of powdered ergot soon brought on pains; but, at the end of two hours, these had produced no effect. The bladder was found to be much distended; on passing the catheter, a very large quantity of clear urine escaped. The head of the child was at once propelled beyond the brim by the uterine contractions, and, as the woman was much prostrated, delivery was easily completed by the forceps. Dr. Wernich hence advises a careful examination of the bladder in all cases of labour where ergot is given, and the use of the catheter whenever the employment of the drug for some time is not followed by the expected result.

THERAPEUTICS.

ACTION OF COLD WATER ON THE SPLEEN.—Dr. F. Mosler (*Virchow's Archiv*, 1873, part 1) has arrived at the following conclusions from experiments on the action of water on the exposed spleens of animals. 1. The immediate contact of water with the normal spleen produces a visible contraction of the organ, varying in degree with the temperature of the water and the duration of the application. 2. In a less degree, cold water exerts the same action on the spleen through the intestinal walls. The effect of a cold douche is greater than that of the application of cold compresses or pieces of ice; probably the mechanical influence plays a part here. The action of water is inferior to that of quinine in causing contraction of the spleen. 3. Cold water also produces diminution in the size of splenic tumours, both acute and chronic. 4. The febrile paroxysm in ague may be arrested by cold douches applied after Fleury's method. 5. The cold douche does not supersede the use of quinine either in recent or in chronic cases of intermittent fever. 6. The therapeutic action of the cold douche in intermittent fever is not complete. It does not prevent relapses nor the formation of splenic tumours. 7. The splenic tumour in typhus is reduced in size by the use of cold water. 8. Much good is to be expected from a combination of the application of cold over the spleen, either in the form of ice or of the cold douche, with the administration of quinine.