the existence of cheesy rhinitis as an independent affection. Among specialists, Cozzolino³ was the first authority who called attention to the affection, and he has since elaborated his observations, although in all he has only met with three cases. In the last of these he made a careful examination of the caseous matter, and found (1) fatty material with crystals of margaric and stearic; (2) epithelial cells; (3) circular black bodies (*aspergillus niger*); (4) white corpuscles; (5) microbes. Cozzolino now proposes to apply the term "cholesteatomatous rhinitis" to the affection. Beausoleil⁴ briefly refers to two cases he has met with; according to the short description, I gather that in both there were polypoid projections from the middle turbinated body, and in one the diagnosis pointed to empyema of the antrum, these examples thus proving a very marked parallel to the cases I have recorded here.

In addition to these observations, Strazza⁵ and Neumann⁶ have recorded cases in both of which masses of cheesy *débris* were found. In both a complete cure seems to have followed removal of the caseous material. In Strazza's case microscopic examination showed the foreign substance to be composed of epithelial cells undergoing fatty degeneration, and white corpuscles which stained with osmic acid. Neumann states that he found the substance removed by him to consist altogether of cholestearin.

I am unwilling, gentlemen, to take up more time than I can help. Besides, I do not know that any great value attaches to speculation and hypothesis. My cases—at least the first two—certainly correspond in their clinical features with the affection as it is described by the majority of the authors quoted. Neumann's case certainly seems unique if, indeed, the mass consisted of cholestearin only.

I may add that I think the history of my cases negatives the idea of any foreign body having been introduced, nor was any such substance detected.

RECURRENT AND SEVERE HÆMORRHAGE AFTER THE OPERATION FOR CLEFT PALATE.

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It is always worth while to place on record any unusual event occurring in connection with a common operation, for it is by such means that our knowledge is advanced and the operation itself is thereby rendered safer. As a rule matters go so smoothly after the operation for cleft palate, that our only anxiety is to learn whether any portion of the cleft remains ununited. Serious hæmorrhage does occur occasionally, as in Mr. Howard Marsh's case recorded in the *Transactions of the Clinical Society*, vol. xi, p. 71. This happened before the rise of aseptic surgery, and the bleeding was controlled by the rough but effectual remedy of driving a splinter of match into the posterior palatine canal.

The case which recently occurred under my own care was the following:

R. H. T., a boy, aged 3 years, was admitted into the Victoria Hospital for Children on March 13th, 1894, with a harelip which did not extend into the nose, and a complete cleft of both the hard and the soft palate on the left side. The palate was closed throughout its whole extent on March 19th, the edges being brought together with sutures of horsehair and silver wire, after separation of the soft parts through antero-posterior incisions about a third of an inch from the edges of the cleft. There was free bleeding at the time of the operation, but it was not excessive. There is a note on March 23rd stating that the boy is behaving well. He lies quietly in bed and does not attempt to talk. On March 28th, nine days after the operation, the notes record that "the child got his hand into his mouth and picked at its silver sutures, setting up a troublesome hæmorrhage." This was not at first apparent because the blood was swallowed. The child became collapsed and blood then flowed from his mouth, and at the same time he vomited about six ounces of it. His nose and mouth were syringed with very hot water and the bleeding at once stopped. The boy gradually rallied.

The bleeding recurred on April 1st, the thirteenth day after the opera-

tion, and again in the evening, when a considerable quantity of blood was again vomited. The bleeding on this occasion came from the nose. Mr. Fantin, the house-surgeon, at once removed all the sutures, and plugged the anterior and posterior nares. The pulse was so rapid and feeble that it was considered wise to inject two pints of salt solution at a temperature of 100° F. into a vena comes of the brachial artery, as the superficial veins of the arm were too small to receive the cannula. There was no subsequent bleeding, and the patient was sent to the Convalescent Home at Broadstairs on April 11th. He was seen again on May 13th, when the note states that he was in good condition, and that the hard palate is completely united except for a small portion anteriorly; the soft palate has failed to unite. A small subsequent operation has completed the union of both the hard and the soft palates, and the hare-lip was at the same time repaired.

This case presents many points of interest, and it will be sufficient here to indicate them. The bleeding was unusual, on account of its severity and from its occurrence so long after the operation. It came undoubtedly from one of the larger branches of the posterior or descending palatine artery. These branches are very irregularly distributed. In this instance one of the branches presumably ran along the edge of the cleft, and was included in one of the horsehair sutures. This appears to be proved, in the first place, by the fact that the bleeding ceased at once and for ever after these sutures had been removed, whilst so long as they were in place it recurred; and, in the second place, because it commenced nine days after the operation, that is, at the time when recurrent hæmorrhage used to be most frequent after the application of a septic ligature to an artery in its continuity. Hæmorrhage at this stage is rarely or never seen now that aseptic methods are employed.

The bleeding, no doubt, stopped spontaneously on each occasion when the child's heart began to fail. The presence of the sutures, however, was sufficient to start the bleeding afresh when the circulation became restored. It was, therefore, only after their removal that a permanent arrest could be anticipated. It is more likely that this supposition is correct than it is to assume that the bleeding was due to a wound of the artery at the time of the operation, for if such had been the case there would almost certainly have been some hæmorrhage immediately after the operation. The practical point which the case appears to bring out is that it would be well to remove the sutures before resorting to more severe methods for the arrest of this form of hæmorrhage after the operation for cleft palate.

NOTE ON INVERSION AND TAXIS IN INTESTINAL OBSTRUCTION.

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THE two following cases occurred within a few days of each other, and are so typical of what may sometimes be done by means of taxis, inversion of the patient, and large enemata that I deemed them worthy of record.

CASE 1.—On May 3rd, 1894, I was called to see Sepoy B. P., aged 20. He was a strong muscular man, and gave the following history. He was in his usual health the day previous, being engaged on a working party parade. At about 4 P.M. he lifted a heavy weight, and drank some water fifteen minutes afterwards, from which time he was seized with great pain in the abdomen. He remained at his work till 7 P.M., and reported himself sick at the 3rd Regiment Bombay Infantry hospital at 8 P.M. His case was looked upon as one of ordinary colic. The resident medical subordinate treated him with castor oil and opium internally, and with mustard and fomentations externally. He vomited at 9 P.M., and as he showed no signs of improving I was sent for at 2 A.M. I found him very restless, with good pulse and warm extremities. There was an accumulation of wind in the left hypochondriac region. I gave him 20 minims of laudanum and an enema of an ounce of castor oil and turpentine in a pint of hot water; the enema returned, but only a little scybala came away. He did not sleep at all during the night, and at 7 A.M. I gave him 20 minims of laudanum, and a quarter of an hour afterwards 10 grains of calomel. He vomited at 11 A.M., a quarter of an hour after taking some gruel. As there was no action of the bowels by 1 P.M. I considered the diagnosis of acute obstruction confirmed. His pulse was 130, temperature normal, extremities warm, tongue moist but furred. I passed the stomach pump tube 21 inches up the rectum, at the same time slowly injecting hot water up to 6 pints; this appeared to afford great relief, but no scybala came away when the injection returned.

At 2 P.M. I inverted the patient in the usual way; that is, I made a strong man sit on the foot of the bed and take a leg of the patient over each shoulder and rise. I then kneaded the abdomen with my hands, and particularly the accumulation of wind in the left hypochondriac region. There was some gurgling and the whole abdomen became soft and the tumour disappeared. The operation took about a minute, and the patient said he felt much easier. I gave him 20 minims of laudanum—the third dose he had had in twelve hours. An hour after the inversion

³ *Bol. delle Malattie dell' Orecchio*, etc., 1884. *Annales des Maladies de l'Oreille*, etc., 1889, p. 645.

⁴ *Revue de Laryngologie*, etc., April 15th, 1893.

⁵ *Bol. delle Malattie dell' Orecchio*, ix. *Annales des Mal. de l'Oreille*, etc., xvii, 1891.

⁶ *Virchow's Archiv*, v, 132.