TREPHINING OF THE MASTOID FOR MASTOID DISEASE: NO RELIEF: SUBSEQUENT TREATMENT WITH ANTISTREPTOCOCCIC SERUM: RECOVERY.

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I SUBMIT the following case, as it is of considerable interest.

On March 20th, 1897, I saw S. B., aged 22, a bricklayer, who complained of shivering pains in the back, with general *malaise*. His previous history and family history were good, with the exception that he was rather given to alcoholic excess. The temperature was 102.5° F.

On March 22nd the temperature was 103° F. He complained of great pain in the occiput, and there was retraction of the head, and pain and stiffness in the erector spinæ muscles. I advised his removal to the infirmary. On admission the temperature was 103.8° F.; the bowels were constipated. The head was shaved, and an icebag applied. Potassium bromide gr. x was ordered every four hours.

On March 23rd the temperature was 100° F., and rose in the evening to 103.2° F. He still complained of great pain, and objected to the icebag. The pupils were regular; the abdomen was not retracted, and there was no paralysis, but he did not speak distinctly. There was some cutaneous hyperæsthesia and general irritability, but no marked photophobia. The pulse was 86, not markedly irregular. No history of discharge from ear could be obtained. He was given 15 gr. antipyrin every four hours, which kept him quiet. The next ten days temperature varied from 101° F. to 103° F.

On April 6th the temperature fell to 101° F., and the same evening he had a copious discharge of pus from the right ear. He was still very irritable, semi-delirious, and very noisy. The head was still retracted.

On the following day I trephined the mastoid antrum and cells, establishing free drainage. No marked collection of pus was found, but a considerable surface of bared bone. The following day the temperature fell to 99° F. He was still in the same condition.

On April 9th the temperature was 98° F., and there was slight facial paralysis, due, no doubt, to the operation. The wound was dressed.

On April 13th the temperature rose again to 102.6° F., and on April 16th it was 103.6° F. His condition was practically the same; he was very noisy indeed, and could hardly be kept in bed. The head was very much retracted, and there was great tenderness over the erector and sterno-mastoid muscles.

On April 17th Mr. Cross, of Bristol, happening to be in the infirmary, kindly examined the discs, and corroborated the opinion that he had optic neuritis and engorgement of retinal vessels.

On April 18th the temperature was 103.8° F., and his condition was the same.

On April 20th the temperature had fallen to 99.6° F., but the symptoms were otherwise the same with the exception that the pulse had become very feeble, and his appetite, which had been good, now fell off.

The temperature indicated so clearly the presence of pus, that I determined to try antistreptococcic serum. The following day, the temperature being 99.8°, I injected between the shoulders 10 c.cm. of serum (obtained from Burroughs and Wellcome). The temperature rose that evening to 100.6°.

On April 22nd temperature was 100.8°, and 5 c.cm. of the serum were injected. The same evening the temperature fell to 98.4°.

On April 23rd the temperature was 97°, the pulse very feeble, and he was in a state of semi-collapse.

On April 24th the pulse had improved, he was brighter, and the temperature was normal.

On April 25th I again injected 5 c.cm.

For the next week the temperature remained fairly normal; the wound was very foul; he seemed to be more conscious though still very troublesome.

For the next four or five days the temperature was fairly normal, and on May 9th the temperature was still normal, and

he was decidedly better and quite conscious, but appeared to be a little dazed. He had no pain in head, and he was able to look at illustrated papers, but the neck was still very stiff.

On May 11th the temperature was normal; he could move his head about, had no pain whatever, and was able to play draughts.

On May 14th he was allowed up; he was quite convalescent, and the discs were normal.

On May 22nd he was discharged. He had slight thickness of speech and slight paralysis of the right upper eyelid. During convalescence it was ascertained that he had previously had a discharge from the right ear.

The interesting points of the case are (1) the optic neuritis and its subsequent total disappearance; (2) the treatment by the antistreptococcic serum. As far as the operation went, I question whether very much was gained by it, as there was no improvement in the symptoms. Thirteen days elapsed between the operation and the first inoculation. Whether the subsequent improvement was due to the inoculation it is difficult to say, but the fact remains that all the symptoms disappeared subsequent to the injections. Curiously, the patient was again admitted to hospital on August 20th for an attack of chorea, with no rheumatic or cardiac complications, which gave way to treatment by arsenic and belladonna.

A CASE OF FACTITIOUS URTICARIA, OR SO-CALLED DERMOGRAPHISM.

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A CASE of this interesting skin phenomenon came under my notice recently. The patient is a young man aged 22, of florid complexion, and has ever enjoyed the best of health. He is liable to blush profusely at very slight cause, and is somewhat "short in the temper." From his earliest childhood it has been noticed that scratching of his skin has been followed by white raised patches.

Using a moderate amount of pressure with the blunt end of a pencil, I wrote on the flexor surface of his left forearm in big letters his name "Joseph," when the following phenomena were observed: For a minute or so nothing could be seen but the red flush produced by the pressure. Presently, beginning centrally and spreading towards the periphery, the flush was slowly replaced by a white, raised, cord-like swelling, bordered with perhaps a suspicion of red, the result being that the name stood out in bold relief. The writing remained quite legible (at a considerable distance) for upwards of half an hour, and then disappeared, the skin returning to its normal condition. There was no pain or tingling complained of. I asked the patient to experiment with different areas of skin, and he thinks the skin between his shoulders is the most sensitive, and the skin of his face the least so.

This peculiar skin condition is, I suppose, allied to urticaria, and the subjects of the latter disease are supposed to manifest the symptoms of dermographism on occasion.

Conversely, one would expect that the subjects of dermatographism would be liable to skin disorders, especially those of the urticaria type. My patient has never had any skin trouble of any kind. As to the cause of the phenomenon, I take it it must be due to hyperexcitability or abnormal irritability of the nerves controlling the blood supply to the skin, a moderate stimulus resulting in the pouring out of a quantity of serum, thus producing the phenomena in question. I cannot find much reference to this condition in the medical literature at my disposal, but it is said to be fairly common amongst the French, as one might expect in a race with such highly-strung nervous systems. We know, for example, that the Protean manifestations of hysteria are to be observed across the Channel in their fullest perfection.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

A SALIVARY FISTULA OF THIRTY YEARS' STANDING: OPERATION: CURE.

MR. G., aged 61, native of St. Helena, consulted me in June, 1896, for what he termed "a leak in his neck." Examination revealed an opening about the size of a small pinhead situated in the inferior portion of the superior carotid triangle of the left side of the neck, and from which there was oozing a thin watery fluid. On giving him a small crystal of citric acid to suck, the flow of this fluid would markedly increase. It was evidently salivary secretion. I passed a small probe into the fistula in the direction of the parotid gland about two inches.

Over thirty years ago the patient underwent an operation for an enlargement in the neck, which he says the doctor called "a tumour"—what variety of tumour I could not elicit from the patient. After the healing of the wound, which was several months after the operation, he noticed that his neck was always wet, and that from the lower portion of the cicatrix there seemed to be an oozing of water. He had undergone treatment on several occasions without success.

I injected, hypodermically, cocaine, placing the patient in the recumbent posture (which I believe to be the only safe manner for the administration of that anæsthetic), and passed a probe well into the fistula. I then passed a curved needle, threaded with heavy silkworm gut, well under the probe and fistula, bringing it out on the other side. Removing the probe I ligated the fistula. This would be at a point about 4 c.cm. from the opening of the sinus. Reinserting the probe to the point of ligation, I cut down upon the probe, laying the fistula open, and curetting thoroughly, sutured the incision with three or four sutures.

I asked the patient to return in four days. Examination then showed no signs of suppuration, and the wound seemed well healed. On the fifth day I removed the ligature. On the eleventh day the sutures were taken out. It is now fully three months since the operation, and there are no signs of the recurrence of the fluid, and the surface is thoroughly healed.

The only points to be noted in this operation are these: The ligating of the fistula at the proximal end of the fistula, thus shutting off the flow of saliva, to allow the curetted portion of the canal to heal; and the early removal of the ligature before its cutting its way to the fistula, or causing the parts to slough. I might here add that I found the opening of Stenson's duct, and I had no difficulty in passing a probe its full length.

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R. S. ANTHONY, M.D.

THE TOLERANCE OF CREASOTE.

It may be of interest to record briefly the particulars of a case under my care in which creasote was exhibited with apparently unique tolerance. A gentleman, aged 35, with a distinct phthisical family history, was attacked twelve months ago with pulmonary tuberculosis. Positive evidence from bacteriological examination of the sputum was from time to time forthcoming during a period of six weeks, when he was acutely ill. In addition to the general principles of treat-

ment, so soon as the diagnosis was established, I prescribed beechwood creasote by the stomach, commencing with mj thrice daily, as well as inhalations of guaiacol. The patient who was possessed of scientific attainments, fully realised the nature of his illness, and was most anxious from the first to saturate his system with the drug, being imbued with a strong faith in it. The dose was very rapidly increased, till at the end of a month, when I sent him to Arôsa, he was taking exactly 340 minims in every twenty-four hours. He never had any toxic symptoms. During the two and a half months the patient was at Arôsa he continued to take between 3 and 4 fluid drachms each day. He returned completely restored to health in every detail. Shortly after his return home the patient's belief in creasote as a prophylactic inspired him to go on taking the drug, and this he has done ever since without any ill-effects, the dose varying from 100 to 140 minims a day. He continues in perfectly good health.

In searching records relating to the tolerance of creasote, I have failed to discover any parallel to this case. Advocates of creasote in the treatment of phthisis maintain that the value of it as a specific remedy must be in its exceptional tolerance. It should be noted that the patient inhaled large quantities of guaiacol all the time he was taking creasote by the stomach.

Carlisle.

C. W. GRAHAM, L.R.C.P.

AIROL POWDER IN CORNEAL ULCER WITH HYPOPYON.

THE dark green impalpable odourless powder of airoi¹ will be found a very useful application in these serious ulcers of the cornea. The cases are common in agricultural districts, often as the result of slight injury, such as is received in "cutting the quick," that is, trimming the hedge, or when the eye is "stubbed," that is, stabbed with stubble. Such lesions of the cornea seem very liable to infection; sometimes doubtless are fouled from the first, as when the scratch is received where the butcher bird has been at work, and covered the thorns of the hedge with putridity, but often the corneal wound is ill-treated before it can heal, and the tainted wound is bathed in microbic exudation, the irritating products of the microbes then rapidly affects the vascular tissues in the eyes, and causes the formation of pus in the anterior chamber. The pus can be watched through the clear and imperforate cornea. The ulcer may be a comparatively small one, but the patient will usually need admission to the wards, and sometimes incisions or the cautery. Some of the most threatening cases have been successfully treated with airoi powder in the following manner:

The eyelids are held open and the airoi powder flicked on to the eye with a dredger, the powder turns gradually to an orange colour, and in three to six hours the conjunctival sacs are washed out gently with boric water, which brings out superfluous cakes of yellow powder. The airoi is again used as before, and this proceeds every few hours, the eye being treated by the open method—no bandage or pad is used—but the patient is kept in bed.

The ulcer heals, and the pus is absorbed in a proportion of cases greater, as far as I can judge, than by other methods. The eye is singularly tolerant of the airoi; in no case have I seen signs of irritation from its use, and when incision and cautery have been used the after-treatment by airoi has seemed to be satisfactory.

At present I have not tried it in purulent ophthalmia. In herpes and ulcers of the glans penis, carbuncles, boils, and sloughing sores it has been useful in acting like iodoform, but without the objectionable odour.

Cambridge.

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POISONING BY SWALLOWING THREE OUNCES OF CHLOROFORM:

RECOVERY AFTER UNCONSCIOUSNESS LASTING TWELVE HOURS.

A ROBUST housemaid, aged 19, finding herself three months pregnant, took with her to her bedroom on a Friday night in November last a bottle of chloroform, and swallowed 3 fluid ounces of the liquid, most probably between 3 and 4 A.M. on the Saturday morning. At 6.30 A.M. her mistress found her

¹ Airoi is a gal'ate of the sub'oxide of iron.