nine months old, with no history of previous illness. She had several swollen glands in the left side of the neck and some less swollen ones on the right side. These glands were firm, discrete, and somewhat elastic, not painful or tender on pressure. No other glands were swollen. Respiration was normal. On Sept. 18th it was noted that the patient had returned from Bognor, having developed slight dyspnœa. The glands in the neck had become larger. The glands in both axillæ were swollen. On Sept. 30th the swollen glands were larger and more numerous and the dyspnœa was increasing daily. The appetite was good and the general health was fairly stationary, but the limbs were weaker and wasting. On Oct. 6th the dyspnœa was steadily increasing and the glands were pressing more on the trachea. On Oct. 19th it was noted that the anterior mediastinal glands were larger, as shown by percussion, and extended to the right of the sternum. There was definite dulness, with absence of breath-sounds, as far as the third rib on the left side, extending over the two upper intercostal spaces. On Oct. 21st the patient was seen by Dr. William Hunter as her condition was becoming steadily worse. On Oct. 25th it was noted that the right lung moved slightly on respiration, which on both sides was becoming progressively more shallow and frequent, and dyspnœa was very marked, especially on exertion. In one dyspnœic attack cyanosis was marked, the heart's action being very rapid and feeble. The respirations were about 40 per minute. On Oct. 29th the glands were very much more swollen, especially those on the left side of the neck. The inguinal glands were slightly swollen. There was unilateral perspiration on the left side of the body, face, and limbs. The left pupil was more dilated than the right one. On Nov. 3rd the action of the heart was very rapid and feeble and the dyspnœa was urgent on exertion. The case terminated fatally that day by syncope after about eight weeks' illness. No necropsy was permitted. The disease had of late been progressing rapidly, although the child's general nutrition had remained good. The usual pallor and subcutaneous œdema were not very marked throughout and the general nutrition of the body was maintained until death. The spleen and liver were not markedly enlarged on percussion. There was no pain or cough. Pyrexia was intermittent and under 101° F. Arsenic was administered throughout and at first iodide of iron and cod-liver oil. There was no family history of syphilis or tubercle.

Note by Dr. HUNTER.—The case is the youngest and most acute that has come under my notice. When seen by me on Oct. 21st the blood condition was the following: red corpuscles, 4,080,000, and leucocytes 8000 per cubic millimetre; lymphocytes, 20 per cent.; hyaline leucocytes, 10 per cent.; polymorphonuclear cells, 68 per cent.; and eosinophile cells, 2 per cent. The cases of pseudo-leukæmia recorded as running an acute course have all occurred in children under 15 years of age and in duration varied from 11 days to four and a half months. The present case was fatal in two months. The blood condition was that generally present in these cases—namely, remarkably slight anæmia. In the majority of cases the leucocytes are normal or diminished in number and there is a tendency towards relative lymphocytosis. In some cases the leucocytes are increased but not to any great extent—e.g., to 50,000 or 60,000 per cubic millimetre.

TENDER SPOTS ON THE SPINE IN RELATION TO PAIN IN VARIOUS PARTS OF THE BODY.[1]

BY ST. CLAIR B. SHADWELL, M.D. ST. AND., L.R.C.P. LOND.

IT is with considerable diffidence that I read a paper before you to-day at this the first scientific meeting of our newly formed division of the British Medical Association, for I cannot help feeling that here, in the presence of men of scientific education and training, I am but one of the least of you and that I can but "tell you that which you yourselves do know." Indeed, it is as a learner and not as a teacher that I have ventured to bring notes of some cases which have come under my notice and to ask the expression of your opinion as to their real nature.

Some nine or ten years ago I was asked to see a girl, aged 16 years, who complained of pain in the epigastric region. She was well nourished and appeared quite healthy. There was apparently nothing abdominal to account for the pain. On examining the spine one of the dorsal vertebræ was slightly prominent and tender on pressure. Regarding this as a case of incipient spinal disease, complete rest was enjoined and the patient was kept in bed for several weeks. She made a good recovery and had no further trouble.

A child, aged six years, complained of severe pain in the abdomen. She was taken to a well-known consultant who makes diseases of children a speciality. He pronounced the case to be one of indigestion and prescribed accordingly. At the end of two months or so the child, having been regularly under observation, was worse rather than better. I was then asked to see her. On making an examination of the spine well-marked evidence of caries was found which sufficiently accounted for the abdominal pain.

Constant acute pain in the calf of the left leg in a man, where nothing local could be detected to account for it, was ultimately found to be due to sarcoma of the spine.

These are not the cases I wish to discuss to-day, but they have been introduced with the sole object of emphasising the fact that pain is often felt at a distance from the actual seat of the disease. Frequently patients come complaining of pain in various regions of the body; cure them of the pain, they are cured of the disease. What are those pains? Too often we are satisfied by giving them a name and treating them accordingly—pleurodynia, dry pleurisy, intercostal neuralgia, false angina, gastrodynia, ovarian neuralgia, neuralgia of kidney, occipital neuralgia, and even acute indigestion and rheumatism. These cases are usually treated generally and locally—tonics, quinine, strychnine, arsenic, salicylates, iodide and bromide of potassium being administered; locally by the application of anodyne liniments, blisters, continuous current, &c. Tedious enough is the treatment and long-suffering the patients. Many of these cases go on for weeks and even months, then change of air or residence in a dry climate is advocated.

In a very large number of these cases I have examined the spine and have found well-marked tender spots at the point of origin of the spinal nerves supplying the region of the body in which pain is complained of, and by treating the tender spots on the spine complete, immediate, and permanent relief has been the result. Time limit prevents me speaking so fully as I might, therefore all that I propose doing to-day is to give you a few brief notes of cases and to leave the subject for you to discuss.

CASE 1.—The patient, a woman, aged 26 years, on October 21st, 1900, complained of severe pain on the left side of her chest which increased on taking a deep breath and shallow breathing was resorted to in order to keep the chest quiet. At night the pain was so severe as to prevent sleeping. She was seen by a medical man who treated her vigorously. Poultices, liniments, and blisters were applied to the chest, but these gave little or no relief. Continuous current gave no better result. I saw her on Nov. 4th. Careful examination showed that there was no pleurisy or lung trouble. The skin of the side was tender to touch. On examination of the spine a very tender spot was found over the seventh dorsal vertebra, causing the patient to flinch when it was pressed on. Up to this time she was quite unconscious of any pain in the spine. I ordered the painful spot, which I marked, to be painted night and morning with linimentum iodi. On the 5th the pain was about the same, on the 6th it was markedly less, and on the 7th it was quite gone. There has been no return of pain.

CASE 2.—The patient, a woman, aged 45 years, was seen in November, 1900. She had severe pain in both shoulders and for a fortnight had been under treatment for rheumatism, but there had been no improvement. I found her sitting in a chair with the body bent forward, the arms in front, and the shoulders contracted. On examining the spine I found a very tender spot over the lower cervical vertebræ. This was painted night and morning with linimentum iodi. On the next day the pains in the shoulders were not so severe. She was obliged to sit still as the least movement increased the pains. On the second day she walked into the room perfectly upright, while on the third day the pains had quite gone and she expressed herself as being quite well. She was seen two years

[1] A paper read at a meeting of the Walthamstow Division of the Metropolitan Counties Branch of the British Medical Association at Leyton Town Hall on Oct. 27th, 1903.

afterwards but she had had no return of the so-called rheumatism.

CASE 3.—The patient, a woman, aged 37 years, was seen on March 10th, 1903. She had been suffering from haemorrhoids, had lost a good deal of blood at times, and was somewhat anæmic. She had also recently had a slight attack of influenza. She complained of headache and pain over the region of the heart. There were systolic bruits at the base and apex. There were no signs of pleurisy or pericarditis. On the 14th the pain over the heart was of a spasmodic nature and was worse at nights. A belladonna plaster was applied on the cardiac region and nitro-glycerine was ordered to be taken when the pain was severe. On the 16th the nitro-glycerine had relieved the pain somewhat but it was still severe at times. Early on the morning of the 17th the patient had a very severe paroxysm of pain and was obliged to sit up in bed gasping for breath; the hands and the feet were cold and she thought that she was dying. On examining the chest I found the sixth intercostal nerve to be very painful on pressure and also found a tender spot on the spine corresponding to the origin of this nerve. Having marked the spot I ordered a blister to be applied. On the 18th the blister had taken well. The pain over the heart was much less. On the 19th there was no pain over the heart. The intercostal nerve was still tender, but from this time there was no return of paroxysmal pain. I continued to treat the patient for anæmia for two months.

CASE 4.—On April 20th, 1903, I was asked to see a woman who was suffering great pain. She was being attended for "acute indigestion." On the 21st she was still in great pain. By the kind permission of her medical attendant I was allowed to see her. For several days she had been confined to bed on account of severe pain over the region of the stomach which was so severe that little or no food had been taken for the last two days. The pain was of a spasmodic character. This fact led me to examine the spine, where a very tender spot was found in the dorsal vertebra, corresponding to the nerve supplying the painful area. A blister was applied to the spot on the spine. On the next day she was so much better that she was able to sit up in bed and have a chop for dinner without the least discomfort. When seen five months after she had had no return of pain nor had she since suffered from indigestion and was much improved in health.

CASE 5.—The patient, a woman, aged 46 years, came to see me with severe pain extending up the back of her head. She held her head with both hands and rocked from side to side as she sat in the chair. There was a very tender spot at the upper part of the cervical vertebræ. A blister was applied. On the next day the pain was much relieved and on the third day it was quite gone. She has kept well since.

Two cases of ovarian neuralgia with tender spots on the spine were treated in the same way with the same satisfactory result. In some cases the tender spots are multiple and in these pain is complained of in more than one region.

CASE 6.—The patient, a woman, aged 58 years, was seen on Oct. 5th, 1902. A week previous to that date she went to London on business and while going up some stairs was seized by a severe pain at the lower part of the sternum and could not get her breath. She was taken into a room where she remained some hours before she sufficiently recovered to be able to return home. She continued to have pains, but these were less severe in character. On the evening of the 4th she had another severe paroxysm of pain. When seen the pain was still severe on the left side of the chest extending to the lower part of the sternum and she also complained of acute pain over the region of the left kidney. Acutely tender spots were found on passing the finger over the dorsal and lumbar spines. These were painted with linimentum iodi. On the 6th the pains were better and on the 8th they were quite gone. There had been no return of pain when she was last seen on Oct. 22nd.

I am indebted to my partner, Dr. F. Percy Elliott, for brief notes of 13 cases from which I select the following.

CASE 7.—The patient, a woman, aged 39 years, was seen on Feb. 23rd, 1902. She had had pain and great tenderness over the ribs of the right side and at the epigastric notch for two months or more. The pain varied but was never absent. There was also pain down both arms. She had been unable to sleep for several nights on account of it. The pain in the side increased by the act of breathing. There was pain on pressure over four vertebræ. Two blisters were applied. On the 24th the pain in the arms was better but that in the side was no better. The lower blister was found to have slipped and this was reapplied. On the 28th there had been no pain in the side for the last two days and the arms were quite free from it. On March 7th she was quite well and free from pain.

CASE 8.—The patient, a man, aged 28 years, had been under treatment for two months for "dry pleurisy" and was getting worse. When seen on Nov. 20th, 1902, there was great pain on the left side of the chest which was most marked just below the left nipple. Tenderness of the intercostal nerve extending to the spine was found as well as a tender spot on the spine. There were no signs of pleurisy. He had not been able to do any work on account of the severity of the pain. A blister was applied to the tender spot on the spine. On the 21st the pain and tenderness were nearly gone and on the 23rd he was quite well and returned to work. The patient was greatly pleased with the result of the treatment.

CASE 9.—The patient, a woman, aged 22 years, had had great pain on the right side for three months and had been under medical treatment for two months without receiving any permanent relief. When seen on Feb. 25th, 1903, a tender spot on the spine was found which was painted with linimentum iodi. On the 28th the pain was nearly gone and on March 3rd she was free from it. On March 30th she was keeping quite well and had had no return of pain.

CASE 10.—The patient, a woman, aged 62 years, who had been attended for dyspepsia for four or five days, complained of pain of three weeks' duration over the spleen. The spleen was not enlarged but there was tenderness on pressure. There was a tender spot on the spine which was painted with equal parts of tinctura linimentum iodi night and morning. After three days the pain was better and it was quite gone in a week. There was no return.

Had time permitted it would have been interesting to have compared the above cases with some cases of herpes zoster recently under my care and to have pointed out the similarities and the differences in the two classes of cases. In zona I have failed, as also in some cases of intercostal neuritis, to find corresponding tender spots on the spine. Blistering the spine has not proved to be of any use in shingles either in relieving the pain or in cutting short the disease.

One other point I wish to draw attention to—namely, that patients never complain of pain in the spine in the class of cases brought before your notice in this paper. They may even protest when an examination is suggested that they have nothing the matter with their spines, yet when the tender spot is found by pressing on the spine with the point of the finger they flinch or even call out with pain. With apologies for the imperfection of this somewhat hurried paper I leave the subject for your consideration, discussion, criticism, and elaboration.

Walthamstow.

A CASE OF RUPTURE OF THE UTERUS DURING LABOUR; LAPAROTOMY; RECOVERY OF MOTHER AND CHILD.

BY ELGAR DOWN, M.R.C.S. ENG., L.R.C.P. LOND.

ON June 1st, 1904, at 5 A.M., I was called to a married woman who had engaged me to attend at her confinement. Her obstetric history was curious and was as follows. She was 38 years of age and had been married 13 years. Her first pregnancy had terminated at the sixth month, the child being stillborn. The second ended at six and a half months, the child being again stillborn. The third pregnancy went to full term and the child, a boy, is still living and healthy and aged ten years. During this pregnancy she was under the care of Dr. C. J. Cooke of Plymouth who tells me that she was taking perchloride of iron throughout. During the fourth pregnancy she was untreated and this resulted, as in the earlier ones, in the premature birth of a stillborn child. The fifth pregnancy ended in the same way, but the sixth terminated in abortion at the end of two months. At the beginning of the seventh pregnancy she put herself under medical treatment and took iron throughout. I attended her in her confinement, which took place in August, 1900. The child