27th.—Patient is feeling comfortable, and takes his food well. Temperature 99°. Tongue clean.

28th.—Wound was dressed to-day with antiseptic precautions; it looked healthy, and the edges seemed to be healing by first intention. The drainage-tube was shortened by half an inch. Patient slept well last night, and is in no pain. Temperature 98·8°.

31st.—Patient is doing well. The drainage-tubes were removed and the wound syringed, and everything looked healthy.

Aug. 12th.—The wound was dressed again this morning and the sutures taken out. The wound into the joint is quite healed, and the one over the patella is reduced to a point. Zinc ointment was applied to several inflamed patches in the neighbourhood. Antiseptic dressing was reapplied.

24th.—Patient can bend the knee with ease, and everything seems to be going on well.

28th.—The splint was removed to-day and fastened on to a pillow. Patient was allowed to get up this afternoon, but not to use his leg.

Sept. 1st.—Patient left the hospital to-day with good union of the patella. He was instructed to use his leg very carefully for some time to come.

OSTEO-SARCOMA GROWING FROM THE SECOND CERVICAL VERTEBRA AND PRESSING ON THE SPINAL CORD.

The following case of retro-pharyngeal growth is very interesting, the symptoms pointing to pressure on the spinal cord and its membranes, with some irritation of the medulla oblongata. It is to be regretted that the further progress of the disease with the sequence of the symptoms which developed later, and a post-mortem examination, could not be added to the account.

Ann D——, aged forty-eight, a widow, was admitted on July 22nd, under the care of Mr. Bloxam, with the following history. She had been quite well up to the last two years, when she noticed that she was getting very drowsy during the daytime—to such an extent, indeed, that she could not accomplish her household duties. She was, moreover, continually being bruised by tumbling against the furniture in consequence of her falling asleep when standing still for a moment. Three months later she felt a lump in her throat, which did not cause her much pain, but inconvenienced her a great deal, and this it has continued to do since. Nine months later her speech began to be involved, the patient experiencing difficulty in articulating distinctly. Her eyesight also suffered, but her hearing was not sensibly impaired. About a week ago her head began to drop to the right, and she had a numbness or want of feeling in her hands. She had an "indescribable feeling" at her heart, and at times her breathing was very short. Curiously enough, she does not sleep well at night, although so drowsy during the daytime. She says she is a good deal thinner than she was two years ago. Family history *nil*. She had several miscarriages after her first child, but no history of syphilis can be elicited. She has had several living healthy children since. The patient herself has only had typhoid fever and small-pox since childhood.

Condition on admission.—Patient is thin and ill-nourished, and her appetite is poor. Pulse slow, regular, and non-compressible. She suffers from constipation, but passes a good deal of urine. Her tongue is furred, and deviates to the right when protruded. Her head also is tilted towards that side. She appears to have great difficulty in keeping awake. Her speech is thick, and can scarcely be understood. When requested to grasp anything, she can do so momentarily, but her grip is soon relaxed, and any object she may be holding falls without her being conscious of any intention to "leave go." Patient says the lump in her throat does not interfere with her swallowing. The pupils are contracted. She can walk steadily. The soft palate is relaxed and deviated.

July 25th.—The patient's condition is the same as on admission. On opening the mouth widely and depressing the tongue, an elastic but firm tumour is seen situated at the back of the pharynx on the right side and pushing forward the palate, which itself does not appear to be involved. The swelling extends across the median line, and as far outwards as the palatine arches; it reaches upwards as far as the hard palate, and downwards below the level of the soft palate. The growth is firm, fixed, and nodulated. No glandular enlargement can be detected in the cervical region. The patient can blow freely through both nostrils. She declined to allow any operation to be performed, and left the hospital. She died within a month or two after her voluntary discharge.

HOSPITAL FOR CHILDREN, PENDLEBURY.

ULCERATION INTO THE GREAT VESSELS OF THE NECK, LEADING TO HÆMORRHAGE, IN A CASE OF SCARLET FEVER; DEATH TEN DAYS AFTER LIGATURE.

(Under the care of Dr. ASHBY).

EXTERNAL hæmorrhage from the great vessels being in scarlet fever a condition of some rarity, the following record will prove interesting both on account of its clinical and of its pathological features. For the account of the case we are indebted to Mr. Macalister, senior resident medical officer.

The patient was a little boy aged two years, admitted into the fever ward on the fourth day of the disease, presenting the usual symptoms of scarlet fever. There was nothing remarkable about the case except that the neck was much swollen on either side, hard, and painful (cellulitis and enlarged glands), and had become so on the day before admission. It is worthy of note that the throat affection was of a mild character, the tonsils being enlarged and injected, but having no deposit upon them. The temperature gradually fell after the sixth day, and on the eighth day was normal, the child apparently becoming convalescent.

On the tenth day the temperature again began to rise, but nothing could be discovered to account for this, except the condition of the neck. Three days later, fluctuation being suspected on the right side, a careful incision was made over the softer part down to the deep fascia, which in turn was opened, and the wound enlarged with dressing forceps. Plenty of serum, but no pus, escaped at the time, but on entering a director on the following morning a quantity of thin watery-looking pus flowed along its groove, and the wound was drained and continued to discharge freely during the following week. During this period the temperature became better, varying between 97·6° and 101·6° in twenty-four hours, but the child continued very weakly, and showed no tendency to improve, although treated with appropriate remedies.

On the twenty-fourth day of the disease, the nurse, who had left the child but a few minutes previously, discovered him saturated with blood, which was freely escaping from the external wound in the neck. She very promptly arrested this flow by plugging the wound with the finger. When seen almost immediately afterwards, the child was extremely collapsed and blanched, restless, and sighing deeply. No radial pulse was perceptible. Pressure having been applied over the vessels, stimulants were given both by mouth and hypodermically, the pelvis was raised and the extremities bandaged, and in the course of an hour the wound was enlarged and explored. The muscles and glands were found bared and the surrounding tissues softened; the fascial structure had in great measure disappeared. On removing the pressure the bleeding did not of itself recommence, owing to the collapsed state of the boy, but on an attempt being made to plug the wound with strips of carbolised lint, at once a flow of bright arterial blood took place, and in such amount as to render it evident that either the main vessel or a large branch must be the seat of hæmorrhage, and further and deeper exploration failing to discover the bleeding point, it was decided to ligature the common carotid. This was done immediately below the omo-hyoid, which was divided to give more room. The discovery of the vessel was rendered a matter of great difficulty, partly owing to the inflammatory matting together of the tissues and in part to the absence of pulsation, so that there was little to guide one in distinguishing between the vein and the artery. As a result of this the sheath of the vein was at first opened slightly, the blue colour being the first indication of the mistake. A small opening was made in the carotid compartment and a strong catgut ligature applied. No anæsthetic was given, and the patient showed no indication of pain throughout the operation. Judging roughly from the amount of blood on the surroundings about seven ounces (fluid) must have been lost. At 2·30 P.M., an hour after the operation, the patient was still pulseless and unconscious. Ether was injected together with two minims of solution of sulphate of atropine. At 4 P.M. he seemed to be dying, gasping at long intervals, and extremely blanched. Temperature 95·6°, and

as a *dernier ressort* two ounces (fluid) of a solution of sulphate of soda (two ounces to the pint) at 100°F. was slowly injected into the loose cellular tissue of the axilla, where it formed a large swelling. It was very rapidly absorbed and the child became better, took some peptonised milk, and at 8 P.M. was quite conscious and taking his nourishment well. At midnight he was very restless, but less blanched. Pulse 180, quite perceptible at wrist. The feet and legs were now enclosed in a thick covering of cotton-wool, the bandages reapplied, and one minim of tincture of opium given. Temperature 102°.

Twenty-fifth day.—Passed a restless night, sleeping at intervals. The pulse is full, bounding, and hard, 176. He takes his food well. Temperature 103°. The wound looks rather red; dressed with iodoform. On removing the coverings from the extremities, the toes of the right foot were found to be almost black, and colder than the surrounding parts. Some bullæ had also appeared on the dorsum of the foot and ankle, and there was no sensibility in these parts. Warm cotton-wool was applied.

During the next few days there was continued improvement. The wound kept sweet and looked healthy. The toes recovered in great measure, only about half of the terminal phalanx of each drying up, and a line of demarcation forming between this and the recovered portion.

On the thirtieth day, at 7 A.M., some oozing took place from the wound, which at once stopped on the application of cold, and was at first thought to have occurred from some granulations; but four hours later a sudden gush of dark venous blood took place, and, on exploring, the vein was found in part bared, but the bleeding point could not be determined. The hæmorrhage recurred three times within the next twenty-four hours (plugs being employed to arrest it each time), and at 4 P.M. on the thirty-first day, during a fourth attack, Mr. Wright made a careful examination, and found a small opening in the sheath of the vein from which the blood escaped; this he enlarged, and, two points of hæmorrhage becoming evident, he ligatured the vein above and below these, but immediately afterwards the blood flowed from a perforation still higher up, and he applied a third ligature above this. The tissues of the vein were soft and friable, tearing away in the forceps.

At midnight on the thirty-second day hæmorrhage again occurred, and this time from a part of the vessel lying so high up and deep in the neck as to be inaccessible to ligature. It was at this time noted that the child had complete paralysis of the left upper limb and paresis of the left leg. He could not shut his left eye. Sensibility was also impaired on the left side. The intercostal muscles and diaphragm acted equally, and the pupils were equal and reacted readily. He had remained in a condition of great prostration since the venous hæmorrhage commenced.

Thirty-third day.—Purpuric spots appeared on the right ear and cheek; he now, for the first time, absolutely refused nourishment, and nutrient enemata were given. He gradually became weaker, and died on the thirty-fourth day of the disease.

Necropsy.—There was general bloodlessness of the organs, which appeared otherwise healthy. The blood was pale, and the spleen enlarged (weighed three ounces). The brain was anæmic. No emboli were found. The thoracic viscera and structures on the right side of the neck were removed *en masse*, and on subsequent dissection presented the following characters:—The carotid artery, from the seat of ligature up to the point of bifurcation, had entirely disappeared, and the walls of the remaining upper part were so thinned and soft as to tear like wet tissue paper when seized with the forceps. Below the ligature the vessel was filled with clot. The vein was in a similar softened condition and had four perforations, one of these almost immediately above the highest ligature and beneath a gland. The sheath, which had disappeared both from vein and artery from a little below the point of carotid ligature to the bifurcation, was separated from the vessels above and below these points, and in the anterior mediastinum, immediately over the pericardium, was expanded into a small cavity containing thin purulent fluid.

Remarks.—Although sloughing into the internal carotid from the throat is comparatively common in scarlet fever, there are very few cases recorded where the hæmorrhage has occurred from without. Among others, Dr. Kennedy in his account of the epidemic in Dublin 1834-42 reports three cases, in two of which the vein alone was opened into, and in the third there was no post-mortem. In the latter and one of the other cases the blood escaped from an opening which had been made into an abscess some days previously; in the remaining case a large slough formed, dissecting out glands, muscles, and bloodvessels. Fatal hæmorrhage through the external auditory meatus has occurred several times, as recorded by Graves, Professor Porter, and Dr. P. J. Hynes, and in one such case the child recovered after the carotid had been ligatured by Mr. Bennett May. It would seem that the destructive processes leading to this perforation of the vessels are of two kinds. In the one, the peri-glandular cellulitis and abscess is followed by softening and dissolution of the tissues (colliquative necrosis). In the other, large sloughs form and separate, laying bare many of the deeper structures; but, generally speaking, the vessels, and more particularly the arteries, are the last to be destroyed, and several times complete recovery has ensued where the sheath of the carotid and the internal jugular has been exposed without the occurrence of hæmorrhage.

NEWCASTLE-ON-TYNE INFIRMARY.

LARGE LOOSE CARTILAGE SUCCESSFULLY EXTRACTED FROM THE KNEE-JOINT OF A PATIENT AGED EIGHTY YEARS.

(Under the care of Mr. FREDERICK PAGE.)

M. G——, a woman aged eighty, was admitted into the infirmary on Nov. 5th, 1885, with the following history. For the last five or six years she had suffered from pain in the left knee-joint, and was aware of a loose body in it which she was able to push from one part of the joint to another. On Nov. 1st she fell upon her knee. Considerable pain and swelling of the joint followed, and for this she was admitted into the hospital. The limb was kept at rest on a MacIntyre splint.

Dec. 15th.—All inflammation having subsided, a free incision was made into the joint under carbolic acid spray, and a loose cartilage extracted. The cartilage was peculiar in appearance, not unlike a flat oxalate of lime calculus. In length it measured 2 in., in breadth 1¼ in., and ¾ in. in thickness. It weighed 250 grains. The wound healed kindly.

29th.—The patient was able to move about the ward readily.

The case is interesting from the age of the patient, and from the size and peculiar appearance of the loose body.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Enteric Fever at Suakim.

AN ordinary meeting of this Society was held on Tuesday last, Dr. George Johnson, F.R.S., President, in the chair. Drs. Robert Maguire, Harrington Sainsbury, John McDonagh, and Messrs. C. H. Golding Bird, and B. Wainewright were elected Fellows of the Society.

Dr. J. E. SQUIRE read a paper on Enteric Fever at Suakim, with some cases of Malarial Enteric or Typho-malarial Fever. By the courtesy of the medical officers of the Suakim Field Force, the author was entrusted with the charge of a division of the Base Hospital at Suakim, and was thus enabled to see much of the fever which occurred among the troops. The analysis of nearly eighty cases shows that, though the large majority—about seventy—were of the ordinary enteric fever type, as verified in two cases by necropsies, some were so modified by climatic causes as to merit the designation of malarial enteric. Two or three showed stronger evidence of malaria. One of these, believed to be enteric during life, was found post mortem, after four weeks' illness, to have no specific enteric lesions at all; to this class of cases the term "typho-malaria" might be restricted. In two of the fatal cases hæmorrhagic effusions occurred under the conjunctivæ or in some parts of the skin; these cases were not due to scurvy, the diet of the troops being varied with fresh meat and vegetables. Typhus was unknown in the force. Diarrhœa was a prominent symptom in all the cases. As regards the cases of enteric fever, it would seem that the disease was imported from Cairo, and that the infection was spread by the air; the use of none but condensed water for