THERAPEUTIC MEMORANDA.

PURPURA CAUSED BY IODIDE OF POTASSIUM.

Although a great deal has been lately written on the eruptions due to iodide of potassium, and the fact of the causation of purpura by that drug has been thoroughly established, it may perhaps be useful to place on record this additional case.

F. W., aged 30, a porter with very fine physique and of healthy appearance, applied to me, on January 6th, 1879, to obtain relief for a tuberculous syphilid of the back three inches square in size. Although so healthy-looking, the man stated that he was by no means strong, and that he had only recently recovered from an attack of rheumatic fever. He denied all knowledge of ever having contracted syphilis, and stated that he was sure he had never undergone treatment for anything of the sort. I ordered him locally an iodide ointment, and internally a mixture containing five-grain doses of iodide of potassium to be taken three times daily. After taking the second dose, the man was annoyed by an itching and pricking of the arms and legs, and, on looking, found that a copious eruption of purpura had appeared in small spots and blotches on the legs and arms. When seen again by me, on January 10th, the man had continued to take the medicine, and the purpura notwithstanding was then fading away. The eruption was not urticarial, and occupied the very characteristic sites—viz., the legs and forearms, whilst a little belt extended up the inner side of the arms over the large vessels. He complained of frontal headache and a very salt taste in his mouth. On January 18th, he stated that the medicine made him feel so thoroughly ill and weak, and gave him “such a cold in the head,” that he could not take any more. Meanwhile, however, a second crop of purpura had appeared and faded away in similar sites to that occupied by the first. The syphilis was resolving fast, and, until it was quite gone, I tried the man with the various iodides of potassium, sodium, and ammonium, either alone or in combination with iodide of iron. These drugs all had a similar effect—viz., to rapidly produce iodism and usually a crop of purpura. The iodide of iron was tolerated the best, and its addition in a mixture seemed to mitigate and postpone the effects of the other salts. The ammonium-salt was very active and unbearable. There was no evidence of diseased kidneys, nor indeed of any organic disease.

The exact mechanism of the production of the purpura by iodine is still involved in obscurity. I am not aware that the matter has been examined microscopically, and it is doubtful if examination can be expected to be thrown on the subject in this direction. Dr. Thin, however, affirms, as the result of his microscopical researches on another form of iodide eruption, that iodine attacks the walls of the vessels of a limited area, and that fluid blood escapes in consequence of the injury. In this way, he considers that all varieties of iodide eruption may be explained. It certainly would seem as if the eruption is produced like ordinary purpura, and that, to judge from the cachetic condition of most of the patients, and the profound general prostration induced, the purpura is due rather (or mainly) to an alteration in the constitution of the blood than in the vessel-wall. It must be remembered, however, that most of these cases are under treatment for syphilis; and a diseased state of the vessels probably favors the transudation. Ricord stated, in 1843, that iodine probably destroyed the fibrin of the blood. Gubler thinks it destroys the adhesion of the blood corpuscles between themselves and the walls of the vessels, and so is contraindicated in tendency to haemorrhages.

It is curious to note that the skin, as in ordinary purpura, is the first organ attacked (Knoss has observed haemorrhage from the lungs and metrorrhagia in a few cases of iodide of potassium poisoning); also the curious predilection for the legs and arms, as, in the vesicular and bullous forms of iodide eruption, the uncovered parts are selected.

T. CALCOTT FOX, M.B., LOND., B.A. Cantab.,
Physician to the St. George’s and St. James’s Dispensary.

MUSCLE-BEATING.

A somewhat absurd-looking, but nevertheless useful, little instrument has lately been brought under my notice by Messrs. Krohne and Sesselmann, of Duke Street, Manchester Square. It is the invention of a German orthopaedist, M. Klemm, and is intended to be a substitute for rubbing and shampooing; one of the advantages which it is alleged to possess being that it combines active and passive gymnastics, the patient becoming, as it were, his own rubber. It consists of an India-rubber handle, from the upper part of which three sticks, or rather tubes, likewise of India-rubber, are made to branch off. The patient is directed to take hold of the handle, and to beat rhythmically with the tubes the part upon which it is intended to act. The instruments are made of different sizes and strength, according to the requirements of the case, and it is recommended to continue the beating for ten minutes at a time.

M. Klemm, in a pamphlet, enumerates a great variety of diseases in which “muscle-beating” is said to be of advantage. There can be no doubt that capillary circulation is considerably influenced by this proceeding, and it may be used in all cases of sluggishness of circulation, unless there should be some general condition which apprises us against its employment. I have advised its use in cases of infantile paralysis, and for chillblains, and have satisfied myself that it may do good. Children appear to take it readily, and it seems certainly a gain that, where previously the mother had to spend half-an-hour or an hour in rubbing her little one’s paralysed leg, she may now leave the business to the small patient himself, provided he be old and sensible enough to regulate himself systematically. For habitually cold feet, the muscle (if I should rather say capillary vessel) beater is also no doubt useful; and in slight cases of muscular rheumatism it deserves a trial. I should, however, prohibit its use in cerebral paralysis, or wherever there may be some central irritation, whether cerebral or spinal.

JULIUS ALTHAUS, M.D.

CLINICAL MEMORANDA.

CEREBELLAR HEMORRHAGE.

Cerebellar haemorrhage is undoubtedly very rare. From the report of a case by Dr. Allen Sturge at the Pathological Society, on April 29th, and the remark that even Dr. Hughlings Jackson has never seen an example, I am induced to refer to one in my work on Appieocy (Cerebral Hemorrhage), in which there was sanguineous effusion, weighing half an ounce, in, and limited to, the lobe of the cerebellum; the case proving rapidly fatal in a patient previously paralysed on the opposite side. Dr. Abercrombie, in his Pathological and Practical Researches, 1836, records a case (cxvii); and Andral, in his Clinique Médicale, narrates six cases, in three of which there was also hemorrhage into the cerebrum.

W. BOYD MUSHER.

SURGICAL MEMORANDA.

MAMMARY INFLAMMATION TREATED BY THE APPLICATION OF ICE.

For many years, I have been in the habit of treating all cases of inflammation of the mamme occurring after parturition or during lactation by the continuous application of ice in bladders; and the results are very striking, as in no single instance where it has been used has the inflammation ended in suppuration. The ice should be broken up, and put either in a bladder or in one of the India-rubber ice-caps which are made for the head, and should be applied to one or both breasts directly there is any pain or tenderness. It should be kept on for from two to five days, except when nursing. The relief from pain is immediate, and the temperature sinks in a few hours. Where the patient does not intend to nurse, a small quantity of milk should be withdrawn by the breast-pump, if there be much milk-congestion. Ice materially aids the natural involution of the breast after parturition. It is not contraindicated if the skin be red and edematous (as it may be in many cases) and there are many instances in which suppuration has taken place before they come under our notice, the best treatment consists in the application, as firmly and for as long a period as can be borne, of Martin’s India-rubber bandage.

HENRY LANGLEY BROWNE, West Bromwich.

REMOVAL OF NORMAL OVARIIES.

As a small contribution to the history of this proceeding, I should like to supplement Professor Simpson’s paper by the statement that I have removed the ovaries for the arrest of haemorrhage in cases of myoma three times, and Dr. Battey the facts of my cases, but not the details or the dates, were published some time ago. The full details will be published in a series of fifty cases of abdominal section performed for various objects. I remember very well discussing the details and
theory of the operation with Dr. James R. Chadwick of Boston on May 22nd, 1873.

A matter. I do not think priority to be a matter of the slightest importance; but the facts of the history of this operation seem to me to favour the general objection to attaching individual names to operations. That this operation will prove a great addition to surgery I have no doubt. With our improved methods of operating, I believe that at least two, possibly all three, of my cases would recover now; if I had them over again.

LAWSON TAIT, F.R.C.S., Birmingham.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE
HOSPITALS AND ASYLUMS OF GREAT
BRITAIN AND IRELAND.

MIDDLESEX HOSPITAL.

CASES OF OBSTRUCTION OF THE BOWELS.

(Under the care of Mr. Henry Morris.)

CASE I. Warty Growth about Anus and Rectum: Colotomy: Recovery.

—Eliza P., a widow, 43 years of age, had previously been under treatment for epitheliuma of the rectum, and was re-admitted June 22nd, 1873. A warty growth with surrounding ulcers had spread upwards in the rectum. The patient had lost some flesh and suffered much pain, so that she was anxious to have anything done that might relieve her. The rectum, when examined with the finger, presented no constriction at the anus, but was narrowly contracted at a point as high up as the index finger could reach. On July 1st, colotomy was performed in the left loin with a dissecting knife, and the sausage of ether; the bowel was found at a point half an inch behind the centre of the crest of the ilium. The wound was dressed with a thin pad of oil and lint.

The following day it was reported that the patient had passed a quiet night, and there was no abdominal tenderness. The urine, being retained, had been drawn off. Some aching pain was complained of around the wound, a small bag of fat protruded, and the bowel was somewhat prolapsed.

July 5th. The patient's condition continued favourable, but the bowels had not acted since the operation, though they had been freely moved previously by enemata. There was no complaint of abdominal fullness, and the bowels were left quiet. The oedema of the gut had somewhat subsided and it bulged less; the finger in the wound was passed freely into the colon, both upwards and downwards. Two sutures attaching the gut to the skin were removed. A week after the operation, the patient complained of a feeling of discomfort on account of the bowels not having acted. A drachm-and-a-half of confection of opium was given, and the bowels were moved the same day; but with considerable pain, so that an opiate had to be administered. The bowels subsequently acted daily without trouble through the artificial anus, and the patient was comfortable. During the next month, the patient continued to do well; flatus was at times passed in considerable amount from time to time through the artificial anus, nothing passing by the natural passage except a little watery discharge. A complete valvular fold of gut-wall separated the opening into the colon behind from the opening into the sigmoid flexure below and in front. As a mass of fat covered with granulations prolapsed and gave some trouble, it was ligatured and strangulated; the gut, however, still prolapsed to a considerable extent.

August 4th. The patient left the hospital in perfect comfort and in a fair state of general health. There was still some amount of discharge from the rectum, but no faecal matter passed; there was also slight prolapse of the gut through the lumbar opening, only sufficient to form a very complete septum between the upper and lower portions of the lumen of the bowel.

April 4th, 1878. The patient was seen by Mr. Morris: she was in fair general health and had a florid look. The wound was prolapsed. The artificial anus had contracted but was quite pervers, the bowels acting regularly through it.

Oct. 1st, 1878. The patient had attended continuously as an out-patient. The disease of anus and rectum had been slowly increasing, until it became impossible to introduce the finger into the bowel; the uterus was also further prolapsed and caused increasing trouble; in addition, she had some difficulty in walking and standing, owing to an enlargement of the semimembranous bursa. Her general appearance was still far from that of a person suffering from malignant disease; on the contrary, excepting that she looked somewhat careworn, she presented a healthy aspect. The artificial anus was in good order. The woman was now anxious to be re-admitted into the cancer ward, and arrangements were made accordingly.

May 27th, 1879. She is now in the hospital, looking well, and getting up daily; but she suffers a good deal of pain from the growth, which is increasing.

CASE II. Epitheliuma of Rectum: Colotomy: Recovery.—Isaac W., a sailor, aged 44, was admitted to hospital August 11th, 1876. There was no history of phthisis or of cancer in his family. Twenty years previous to the commencement of his complaint, he was bowed by ulceration of the sore throat, but no other secondary symptoms. A few years ago, he suffered from eczema. The following history was obtained. His present illness began two and a half years ago with some difficulty in defecation, the act being attended with much straining and occasionally a little hemorhage from the rectum, but unaccompanied by pain. Four months ago he came to this hospital, and was told to expect symptoms, he fell from a height of fifteen feet upon his hands and knees; he was shaken, and felt the effects for three or four weeks. The bowel-symptoms gradually increased till, at the end of six months, they caused so much disturbance that he was obliged to leave his work. Attempts to relieve the bowels were frequent, often fifteen times a day. He went into the Winchester Infirmary about the wound; but on resuming work, the pain returned when he assumed the sitting posture. A year and a half ago, he was in St. George's Hospital for two months, and after that he had no treatment till admitted under Mr. Morris as an out-patient in July 1876. During this time he passed no natural motions. He often passed blood from the rectum, and occasionally a dark stool and purulent discharge. During the whole illness he had been losing flesh. The pain had increased during the last few months, and had been "unbearable" during the last two weeks. He complained much of a smarting burning pain in the fundament, back, and loins. The abdomen was fairly plant and resonant, except in the right iliac region, where there was more resistance. He appeared to have lost all appetite, and had ceased to take a wholesome diet. He was much troubled with frequent flatulence and constant desire for relief at stool; but his attempts were ineffectual, and accompanied by some loss of blood but no feculent discharge. A few days before admission, a free action of the bowels had been produced by medicine; since that he had been costive. When examined, the anus was fairly closed, and was covered with a slight amount of a prolapsed bowel. He had lost a large amount of flesh, and had been unable to sleep for three or four months. A drachm of confection of opium was given, and he slept under it. The bowels were again moved immediately after this, but had not acted subsequently.

Aug. 16th. Colotomy was performed in the left loin without any difficulty. After the operation, the pain entirely left him, the pulse and temperature remained normal, and the bowels were moved daily through the opening in the loin.

Aug. 23rd. The bowels were moved daily. There was no suppuration about the wound. The last stitches were removed. There was a little discharge of blood-stained matter from the rectum, but no faeces. He complained somewhat of pain over the pubes, and had a purulent discharge from the urethra, for which an injection of sulphoburate of zinc and opium was ordered.

Aug. 30th. His toes began to get up, he had some return of his old pain, and felt very weak. The bowels acted regularly through the loin. After leaving the hospital, the patient obtained employment at Brighton, where he was heard of in April 1877.

CASE III. Epitheliuma of Rectum: Convolvulus: Subsequent Death from Abscess between Rectum and Bladder.—William W., aged 59, a labourer, was admitted to hospital September 1st, 1876. His father died at the age of 63, of cancer of the lip. He had usually enjoyed good health, and had not lost flesh. He dated his illness from two or three months previous to his admission. The symptoms commenced with difficulty and straining on defecation, frequently accompanied by great pain. These symptoms gradually increased in severity; evacuation of the bowels became more and more difficult; the motions becoming small, or loose and liquid; frequently he could only pass wind. His pain increased greatly, but he did not lose flesh, and retained his appetite; he never noticed any blood pass with the motions. He was a thin and spare man. The anus was patulous, the lower end of the rectum being smooth and capacious. Two inches above the anus, the skin was thrown into contact with a thickening was present in the anterior wall of the gut, encroaching slightly on its calibre, feeling rough and velvety on the surface. Beyond this point, the mass increased until it surrounded the gut, and diminished its lumen so as only to just allow the finger to pass into an ulcerated constriction, which continued upwards as high as the finger could reach.

Sept. 16th. Colotomy was performed in the left loin without difficulty. The sutures were removed three days later, and faeces escaped readily from the artificial opening; pain had completely subsided. At the end of the month, the patient was well enough to go to Walton, but was soon readmitted into the Middlesex Hospital. After his return to the hospital, he suffered much from an abcess which formed, in connection with his disease, between the bladder and rectum. It subsequently...