

**Thomas.**—*Myxœdema and Adenoid Vegetations.* "Revue Hebdom. de Laryng., d'Otol. et de Rhinol.," December 1, 1900.

The patient was a child, about five years old, who had been under thyroid treatment for myxœdema during nearly two years. He was very badly developed, both physically and mentally. Adenoid vegetations were present. The question was asked whether the same or similar good results were to be expected from removal of adenoid growths from a myxœdematous child as are obtained in a healthy child. From previous experience ("Revue Hebdom. de Laryng.," 1899) Thomas answered in the affirmative. The operation was performed. The results, as regards the physical condition, were much the same as in an ordinary child, and the mental condition improved to a considerable degree.

*Arthur J. Hutchison.*

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### THERAPEUTICS.

**Gray, Albert A.**—*A Further Note on the Production of Local Anæsthesia in the Ear, Nose, and Throat.* "The Lancet," March 9, 1901.

In the *Lancet* of April 21, 1900, p. 1125, the author described a method by means of which the difficulty of obtaining local anæsthesia in the ear could be overcome. It consisted essentially in using a solution of cocaine in anilin oil and rectified spirit. As the method has been widely adopted both in this country and abroad, he describes some little improvements which allow the limits of its application to be considerably widened.

In regard to the physiological effects of this method a few words are required. He has not had any trouble himself with symptoms of intoxication, either by the anilin or by the cocaine, but has heard of two cases in which a little trouble resulted. One of these was a case evidently of cocaine intoxication, and the patient recovered in the course of an hour or two. The second case occurred in a patient aged six years. The solution was instilled into the meatus until the latter was full. In the course of an hour or so the patient's lips became blue, and slight gastric catarrh occurred, but no other symptoms were present, and the patient was well again in a few hours. As a matter of fact, beyond the peculiar blue colour of the lips, there was nothing alarming to note. Excepting these cases, neither of which occurred in his own practice, he has not seen or heard of any trouble with the solution.

A few words may be said in regard to the peculiar blue colour of the lips which sometimes occurs. Several of his patients have told him that an hour or two after the use of the solution their friends noticed this peculiar colour. No symptoms were present in any of the cases, and the patients would not have known about it had their attention not been drawn to it by their friends. It always passes off in the course of a few hours, and leaves no effects. This is due to the transformation of oxyhæmoglobin into methæmoglobin. Its occurrence may be avoided, if so desired, by limiting the dose to 20 minims for adults or adolescents and corresponding doses for children. As regards children, it must be remembered that they are said to stand cocaine badly.

*StClair Thomson.*

**StClair Thomson.**—*Poisoning from the External Use of Aniline Oil.*  
Clinical Society of London (from the "Lancet," April 20, 1901).

Equal parts of aniline oil and rectified spirits having been recommended as a vehicle for cocaine in order to produce local anæsthesia in the ear,\* Dr. Thomson prescribed a 10 per cent. solution of cocaine in this menstruum for a colleague suffering from furunculosis. A small pledget of cotton-wool moistened with this solution was used at bedtime and the patient slept well. Next morning, as the pain threatened to return, he again made use of the drops about 5 a.m. At 7.30 a.m., while still in bed, he quite accidentally noticed a peculiar blueness of his finger-nails, and his wife remarked that his face was also blue. The face and hands were found to be of a decided dark blue colour, and this was noticeable in the skin under the finger-nails and on the lips and tongue. There was no fever or mental disturbance. The pupils were normal. The respiration was quiet and easy. The pulse was small and somewhat increased in frequency, and when Dr. David Lees had examined the heart the left ventricle was enlarged to two finger-breadths outside the left nipple line. The patient had not previously had any heart trouble, and there was nothing discoverable in the heart or lungs to account for the cyanosis. It was therefore ascribed to the toxic effect of the aniline oil on the red corpuscles. The blue colour gradually disappeared in the course of the day. The area of cardiac dulness again became normal, and no murmur was discoverable. Reference was made to a communication made to the Académie de Médecine in July last by M. Landouzy and M. Georges Brouardel describing the cases of ten children who were seized with prostration, pallor, and blueness soon after wearing yellow shoes which had recently been coated with a pigment found to contain 90 per cent. of aniline. When this dye was applied to the shaven surface of the skin of guinea-pigs and rabbits they died asphyxiated in from twenty-four to thirty hours. Some unpublished cases of Dr. Kelynaek described similar symptoms, together with gastro-intestinal catarrh and anæmia in chronic cases, among those employed in aniline works. Evidently the skin readily absorbed aniline, and this might give rise to alarming symptoms which could not otherwise be explicable.—Dr. Charles W. Chapman said that he was the patient whose case had been described, and remarked that the most important point seemed to be the cardiac dilatation, which had called for prolonged rest. Unless this were remembered in future cases, a patient by getting about too soon might inflict permanent damage on the dilated heart. He also remarked upon the smallness of the dose.—Dr. Lewis G. Glover, alluding to Dr. Thomson's remark that the symptoms reminded him of poisoning by antipyrin, asked whether any cardiac dilatation had been noticed in this connection. He referred to a case in which large doses of exalgin had been taken, and he had noticed marked blueness but no cardiac dilatation. — Dr. StClair Thomson, in reply, said that in a case of antipyrin-poisoning he had noted some cardiac dilatation, but, as the patient was suffering from typhoid fever, the dilatation might possibly have been caused by the fever.

*StClair Thomson.*

\* Dr. A. A. Gray, *The Lancet*, April 21, 1900, p. 1125.