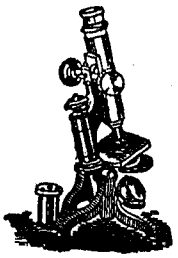
Medical Matters.

ACCIDENTAL RUPTURE OF THE ŒSOPHAGUS.



Instances of rupture of the œsophagus due to sudden increase of the internal pressure from the act of vomiting are but seldom met with; indeed, such an occurrence has been described as one of the rarest of accidents.

Mr. T. R. C. Whipham (*Lancet*, September 12th) describes a case as follows:—A man, æt. 27, was found unconscious in the street by the police, having been thrown from a horse, and smelling strongly of alcohol. There were extensive head injuries, and at the operation, which was performed soon after admission to hospital, a comminuted fracture of the frontal and right temporal bones was found. The depressed bone was removed, and much blood evacuated. Five hours later the patient was still deeply comatose and sweating profusely. Altered blood and food-stuff had been vomited several times. Eight hours after the operation the patient died from respiratory failure. At the necropsy, surgical emphysema was present in a moderate degree in the upper part of the chest wall in front. The left pleura contained about a pint of fluid and semi-solid masses, evidently food, which had a sour smell of beer, and the membrane itself had lost its lustre. At the lower end of the œsophagus, just above the diaphragm, was a longitudinal rupture of the wall on its posterior aspect, one and a-half inches long, which communicated directly with the left pleural cavity. There was no sign of a previous lesion at the site of rupture, which was obviously of recent occurrence. The upper part of the œsophagus contained some food. The rest of the alimentary tract was normal.

The way in which the rupture here was brought about appears to have been as follows:—The patient was evidently thrown from his horse and pitched on his forehead, fracturing his skull. The neck was then either sharply flexed by the after-coming trunk, and this, accompanied perhaps by a sudden muscular contraction of the pharynx, caused an obstruction to the forcible ejection or expression of food from the stomach, and so gave rise to the rupture; or, on the other hand, it may have been over-extended by the man turning a half-somersault while his forehead remained in contact with the ground, in which case the œsophagus would have been stretched over the cervical vertebræ with a similar result. The former seems the more probable explanation, as the rupture was on the posterior surface of the gullet.

BONE-STOPPING

According to the *Rivista de Disciplini Carcerie*, Professor Mosetig, of Vienna, has discovered that it is possible to fill holes in bones—holes produced by certain diseases, such, for example, as decay and necrosis—exactly in the same way as we fill cavities produced in the teeth by decay. The filling of the bones produces an extraordinary process of cure, and has recently been adopted with remarkable results in the hospitals in Vienna.

PATHOLOGY OF SMALL-POX.

Dr. W. R. Stokes (*Johns Hopkins Hospital Bulletin*) says the early skin lesions indicate that the primary infection in small-pox takes place in the lungs, probably by inhalation. The poison when it enters the circulation shows a selective influence on the epithelium of the skin and respiratory tract, and many cases are probably not further affected.

The serious and fatal lesions of small-pox are caused by the secondary infection from the skin and respiratory tract, and the infectious agent is usually the streptococcus pyogenes. This organism is so distributed throughout the lesions as to explain most of the visceral changes, such as thrombosis, local necrosis, and the various pulmonary changes.

This streptococcic septicæmia is the most striking feature of fatal small-pox, and if it were possible to overcome this condition by a special serum the mortality from the disease would be greatly reduced.

FEVER OF DENTITION.

Dr. E. R. Corson (*New York Medical Journal*) refers to his two previously-reported cases in which lancing of the gums in teething children was immediately followed by convulsions. He regards the fever of dentition as due principally to abnormal conditions in the upper bowel. Hence, in the febrile conditions attending dentition, it follows that interference with the gums is of secondary importance, and, indeed, may be positively harmful. The proper remedies are calomel and castor-oil. Dr. Corson places much value in the use of chlorate of potash in the mouth, the way for its local action being prepared by the preliminary employment of hydrogen peroxide.

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