decidedly the weaker. There was visible arterial pulsation across the neck just above the sternum. The pupils were equal and sensitive. She was certified to be suffering from aortic valvular disease. The epileptic attacks, which averaged five a week, were complicated by syncopal symptoms; and she was, therefore, carefully watched, as sudden death was apprehended.

On January 21st, 1878—as on several previous occasions—the medical officers were sent for, as the patient was suffering from a fit of longer than usual duration, and death from syncope appeared imminent. She rallied from this attack; but on the following morning, while standing speaking to a nurse, she fell dead.

The body was examined twenty-four hours after death. The heart weighed twelve ounces. There was a white patch of the size of a shilling on the right ventricle, and another of the same size in front just above the apex. All the cardiac cavities were full of blood. The muscular substance was pale, very soft, and easily torn by digital pressure. Both ventricles were dilated, and the left was also considerably hypertrophied. The aortic valves were competent. The aortic opening was seven-eighths of an inch in diameter; the mitral opening one inch and an eighth; the pulmonary one inch and a quarter; the tricuspid one inch and a half. There were patches of atheroma on the inner surface of the aorta; the free edges of the valve were thickened; and there were calcareous spicula in the attached edges. The aortic valve consisted of only two segments; the anterior being the larger and covering the origin of both coronary arteries; the segments were thickened and somewhat sacculated. The two posterior segments of the pulmonary valve were joined together by their contiguous free edges as far as each corpus Arantii; therefore, the pulmonary valve, as well as the aortic, consisted practically of only two segments. The ductus arteriosus was patent, the opening being one-eighth of an inch in diameter. The innominate and the left carotid arteries arose from the aorta by a common trunk; the carotid crossing the neck at the level of the upper edge of the sternum.

CASE OF HIGH TEMPERATURE AFTER PARTURITION: TREATED WITH WARBURG'S TINCTURE.

By J. BURNLEY WALKER, M.D., Golcar, Huddersfield.

It has occurred to me that the following brief notes may not only serve as a fitting sequel to the interesting case published by Dr. Playfair, at page 687 of volume ii of last year's JOURNAL, but may also be a guide to the treatment of a class of cases which unhappily are but too common in general practice, and, from the attendant circumstances, probably cause more anxiety to the family practitioner than any other.

Mrs. A. B., aged 42, a spare delicate woman, was confined of her sixth child on January 9th, 1878. The labour was in every respect a natural one, and not attended with more than ordinary difficulty. On the second day after delivery, she complained of a creeping sensation, commencing at the feet and travelling to the face, accompanied by intense throbbing headache, which was followed by burning, flushed face, and extreme thirst. On palpating the abdomen, there was a little tenderness to the left of the uterus. The lochia were offensive, and lactation had ceased. This state of things existed (accompanied with insomnia) for several days; the temperature fluctuated from 101 deg. to 104 deg., with no distinct regularity, except that the afternoon temperature was always the highest. The pulse ranged from 110 to 120. The tongue was dry, fissured, and "leathery".

Without detailing particulars from day to day, I may say that, on January 26th, at 11 A.M., I found her much worse. Temperature 104.8 deg.; pulse 120. The patient was obliged to lie on her back, and could with difficulty speak. The breathing was hurried and shallow. There were continual "creepings" (no distinct rigor). There was no pneumonia. On examination, the uterus was found to be fixed as by adhesions, and on the left side there was considerable tenderness to the touch. I ordered her fifteen grains of salicylate of soda every two hours, and one ounce of brandy every three hours, in addition to milk, eggs, and beef-tea. By the time three doses of the salicylate had been taken, the temperature had fallen to 98.6 deg. and the pulse to 88. The breathing was much slower; there were no creepings; the thirst had gone; and the tongue was moist, while there was profuse diaphoresis.

The cure, however, had produced more discomfort than the disease; there was deafness, with distressing noises in the head, which the patient described as intolerable.

On my visit next morning, I found the temperature had risen to

104.8 deg. and the pulse to 132. There was increased tenderness on palpating the abdomen, with some tympanites; the breathing was again hurried and oppressed. The patient's condition was now so critical that I suggested a consultation, and at noon Dr. Clarke of Huddersfield saw the case with me. At his suggestion, I prescribed half an ounce of Warburg's tincture; no food having been taken for an hour previous to its administration. Failing this remedy to reduce the temperature, we determined upon resorting to cold affusion. However, the administration of the tincture was immediately followed by profuse perspiration and refreshing sleep. At 8 P.M., the temperature had sunk to 98.6 deg. and the pulse to 100. The frequency of the respiration had correspondingly diminished. The patient expressed herself very much relieved; she could now lie on her side and sleep for two or more hours at once. I ordered three drachms of the tincture to be given during the night, and one ounce of brandy every hour, as the consequent exhaustion was so marked. Since this, the case has had no untoward symptom. The pulse and temperature remain normal, while the abdominal tenderness has entirely disappeared.

This case needs no comment. The immediate improvement was so marked that, I have no doubt, this patient's life was saved by the timely administration of "Warburg". The case has this additional interest: that cold affusion was not employed, as in Dr. Playfair's; hence more reliance may be placed on the value of the drug, which, since the publication of its formula by Dr. Broadbent, should now no longer rank in the list of quack medicines, but should be added to the armamentarium of every practitioner.

CLINICAL MEMORANDA.

CROUP: DIPHTHERIA.

ON re-reading Dr. Johnson's letter (*Lancet*, February 16th) by the light of his last, in the BRITISH MEDICAL JOURNAL of June 1st, I can readily see how I should have so misapprehended Dr. Johnson's intention; but still, as his views are at present not my views, and as he did not say, but only "meant to say that the membranous exudation which characterises diphtheria, when not the result of direct contagion from a previous sufferer, is caused by a drain-poison", he will the more readily pardon my unintentional misconstruction. Since, however, my misapprehension has elicited from Dr. Johnson so clear and explicit a definition of the point at issue, I regret it the less. And, as the final settlement of this important practical question is the end and object of us all, I hope Dr. Johnson will forgive me, if, notwithstanding his last letter, I still have the hardihood to contend that "a false membrane which has resulted from infection by a drain-poison" may not be diphtheria. It is possible, as stated by Dr. Johnson, "that, in the absence of direct contagion, the occurrence of membranous pharyngitis or laryngitis affords conclusive evidence of infection by sewage-poison conveyed through either air or water"; but I am quite unable to admit that the single pathological symptom "false membrane" always means diphtheria.

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VARICELLA OCCURRING IN AN INFANT TWENTY-FOUR HOURS AFTER BIRTH.

ON March 17th, 1878, I attended Mrs. M. in her seventh accouchement. On visiting her the next morning, the nurse drew my attention to the child, "who had a rash coming out"; its body was quite clear from any eruption at birth. I found a well-formed vesicle on one wrist, also several red papulæ on the face and forehead. The following day, another crop of vesicles and papules appeared, and the illness ran the usual course of a case of chicken-pox, lasting about ten days, the infant passing through the ordeal nicely. The mother was free from any vesicular rash, and had had no symptoms of illness whatever; but the other children, six in number, were suffering from chicken-pox in its various stages. Now, I believe the incubation in varicella is from three to four days, with a premonitory fever lasting from twenty-four to seventy-four hours, when the rash appears; how, then, are we to account for a child in so few hours from its birth contracting this disease? Either it must have been peculiarly susceptible to the above contagion, and the usual period of incubation and primary fever was wanting, or else the infection was conveyed through the parent to the foetus *in utero*. I must add that the child had not been taken from, neither had the other children been admitted into, the lying-in room. This case will do away with the theory, held by some of the older physicians, that varicella only occurs in the vaccinated.

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