diaphragm; or, since the patient was up and about, the sighing may simply have resulted from cerebral anaemia connected with the recent vasomotor disturbance.

REFERENCES.

¹ Stivelman: *Amer. Journ. Med. Sci.*, June, 1923, 876. ² Capps: *Oxford Medicine*, 1920, vol. ii, 163. ³ Hutchison: *Applied Physiology*, Arnold, 1908, p. 221.

ARSENICAL POISONING TREATED BY SODIUM THIOSULPHATE.

BY

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THE following case is of importance as a sequel to the communication from Dr. H. C. Semon in the *BRITISH MEDICAL JOURNAL* of April 12th, 1924.

A woman, aged 30, became infected with syphilis towards the end of her fourth pregnancy. She had been treated by intravenous injections for ten months, and had then been advised to take six weeks' rest from treatment. Three weeks after the last injection, and five weeks before she came under our care, she became jaundiced, and noticed loss of power in the arms and general weakness; she passed dark urine and pale stools. For seven days prior to admission she had vomiting, anorexia, constipation, insomnia, and failing vision.

On admission there was deep generalized jaundice, the mouth was dry and dirty, and answers to questions were correct but monosyllabic and very slow. There were no physical signs of neuritis, but the hands could not be lifted, and the vision was bare perception of light. The liver dullness was diminished; the urine contained albumin and bile.

While awaiting a supply of chemically pure dehydrated sodium thiosulphate we gave the patient 30 grains of the stock salt in

solution by the mouth every four hours, and continued this method of administration throughout the first week. There were no resultant toxic symptoms (colic or diarrhoea), but there was no arrest of the arsenical symptoms. By the third day the patient was apparently moribund; she vomited frequently and in excess of intake; she was restless, apathetic, and doubly incontinent; the bowels acted only after enemata.

At this stage the first intravenous injection was given, and for ten days the patient had 0.45 gram daily, followed by seven similar doses on alternate days, making a total of 7.65 grams spread over a period of twenty-six days. In addition, during the first week she took about 80 grams by the mouth, but probably much of this was lost by vomiting. From the first intravenous injection the downward trend was arrested. After five doses the mental condition was perfectly clear, muscular power of the arms was good for all movements, and the patient could read small print. She was still jaundiced, incontinent, and vomiting. There was still bile in the urine, and leucine was seen in the deposit. At the end of the third week she was convalescent and able to be up for half the day, eating well, and not vomiting; the jaundice was almost gone, and the urine normal.

The levulose tolerance was tested and seemed to show a definite derangement of liver function during the height of the illness, with rapid recovery under treatment. The deterioration in her general condition during the first two days clearly demonstrated the progressive nature of the disease and emphasized the remarkable improvement following intravenous administration of the specific remedy.

Levulose Tolerance.	April 25th.	May 13th.
Fasting blood sugar	0.131	0.100
Half an hour after levulose	0.137	0.086
One hour after levulose	0.218	0.103
One and a half hours after levulose	0.206	0.106
Two hours after levulose	0.206	0.100

We should like to express our thanks to Dr. Thackray, Medical Superintendent, for permission to publish this case.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MALIGNANT CERVICAL ADENITIS SIMULATING ANEURYSM.

THE case here recorded, though disappointing from a diagnostic point of view, is interesting as illustrating how very closely cervical adenitis may simulate aneurysm. An exploring needle would have settled the diagnosis, but as nothing was to be gained by the procedure it was not carried out.

A woman, aged 79, was admitted to the Tooting Bec Hospital in August, 1923. She showed evidence of specific disease, and her history confirmed this. On October 14th, 1924, she suddenly developed a tumour about the size of a hen's egg above the right clavicle. As far as can be ascertained this took only about a week to become apparent. The tumour was slightly irregular in shape and was distinctly expansile. Two little flags, one on either side of it, separated about a quarter of an inch with each beat of the heart. The heart rate was 66 and the blood pressure 130. There was no appreciable difference in the two radial pulses, but the right radial pulse gave a tracing exactly similar to that of a subclavian aneurysm portrayed in Hutchison and Rainy's *Clinical Methods*. There was a distinct systolic bruit over the aneurysm and over the aortic area. This is interesting as an illustration of a contribution I sent to the *JOURNAL* some time ago entitled "An aortic murmur."

A month later the tumour was noted as much larger—the size of a small orange—and the radial pulse as being much altered. The patient was treated with potassium iodide, being rapidly advanced to 40 grains every four hours, and showing no unpleasant symptoms from the drug. The size of the tumour in a week's time was distinctly less and there was a constricting band at the back of the mass. The following week the mass increased in size and the potassium iodide was discontinued. The blood pressure was 135, and the radial pulse tracings were similar, with no morbid characteristics. All this time there was little or no complaint of pain, and the patient died on December 5th from a low form of terminal pneumonia.

At the necropsy a large mass of cancerous glands was found completely encircling the subclavian and carotid arteries with secondary deposits in the mediastinal glands and deep in the liver.

The diagnosis made was a carotid aneurysm involving the subclavian and possibly innominate arteries, and several persons of wide experience saw the patient and found no

fault with the conclusion arrived at. When the change in size was brought about by administration of potassium iodide it was thought that that clinched the diagnosis. The systolic bruits were, of course, caused by compression of the artery, and not by the constriction at the entrance or exit of an aneurysmal sac.

I am indebted to Dr. E. H. Beresford for permission to publish the case.

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IMMUNITY, SPECIFICITY, AND NON-SPECIFIC FACTORS.

IN the issue of December 13th, 1924 (p. 1098), Dr. R. A. O'Brien says: "It may be that the administration of *coli* vaccine does materially influence the course of typhoid fever and of arthritis, but we feel that we must have more evidence before accepting the claim." In view of this the following case of colitis and arthritis cut short by an attack of typhoid fever, and the recovery from the typhoid fever, is of interest.

A girl, aged 18, suffered since the age of 13 from attacks of subacute arthritic rheumatism. She had suffered for some years before this from five or six loose motions a day. An examination of the stools showed enormous number of *B. coli*. The arthritis was most probably caused by the colitis. At 18 years of age she contracted typhoid fever. The fever was complicated by severe haemorrhage on the twenty-third day of the disease. Vidal's test was positive. The temperature fell to normal on the forty-second day of the illness, and health and strength gradually returned. The arthritis and stiffness of joints disappeared and have not returned, though it is now more than three years since recovery from the typhoid fever. The motions are now one or two a day.

One case proves nothing, as it may be entirely coincidence, though even coincidence has a cause; but the recovery from the typhoid fever and the cutting short of arthritis and of colitis appear to me to be sufficiently interesting to record, especially to those who successfully treat typhoid fever by *coli* vaccine, or those who successfully treat arthritis by intravenous injections of *B. coli* or typhoid bacilli.

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