and at once tapped the swelling. The tapping was repeated every two or three days until the end of July, and after that about once a week, until the sac had been emptied twenty-four times. At the end of the series of operations, only a very slight discoloration was left over a spot not larger than a coffee-bean; and, as the skin had never been injured here, this will in time entirely disappear. Had this abscess burst as such abscesses are usually allowed to do, the mark would not have been covered by the beard; and I am inclined to regard this as a triumph in the surgery of æsthetics.

THE TREATMENT OF ACUTE RHEUMATISM BY MORPHIA INJECTION.

By R. GILLARD, Esq., Hovingham, Yorkshire.

In a recent paper "On the Abuse of Hypodermic Injections of Morphia," Dr. Clifford Allbutt says: "Still I cannot rid myself of the notion that in three cases of acute rheumatism and one of acute gout which have come under my notice, the very bad result was due to the treatment by injection of morphia alone." In the communication which I am about to make, I feel that it would be wrong to draw conclusions too hastily from a single case; yet, from long experience of that too often (in spite of all treatment) tedious and most painful disease, acute rheumatism, I feel that if we can secure, in the hypodermic injection of morphia, not only complete and immediate relief from severe pain, but an almost certain remedy for the disease, it will prove an inestimable blessing to suffering humanity. I may say that, on mentioning the case to a friend of mine, an eminent practitioner in Leeds, he also told me that he had noticed the same admirable effect of the remedy in acute rheumatism. However, I give a very brief account of the case for the consideration of my brother practitioners, in order that it may be fully tried; and my impression is, that it will be found a valuable remedy.

I was, on November 1st, called in to attend A. B., a young lady, aged 11, who was suffering from a severe attack of acute rheumatism. She had a pulse of 140, injected eyes, a furred tongue, great heat of skin, and profuse acid perspiration. At first, the ankles only were affected; they were swollen and painful; then the wrists, elbows, knees, and shoulders were equally affected. She was crying out with the severe pain, and had had no sleep for several nights. I adopted my usual plan of alkaline treatment with morphia to relieve pain, and, if possible, secure some sleep; with occasional aperients, and wrapping up the affected joints in cotton-wadding. I found my treatment perfectly useless. My patient became worse every day till the 5th November, when the agony she was suffering was dreadful; she had not a moment's ease, and got no sleep, and she was nearly exhausted from severe pain and want of sleep. On Saturday, November 6th, I injected a quarter of a grain of morphia into the forearm, with great relief; but on the next day (Sunday), as she had had a very bad night, and was still suffering very severe pain, I again injected morphia (half a grain). This time it produced almost marvellous effects. In a quarter of an hour, the pain was completely gone; she had a very good night, and the next day the joints were all better. Before, she could scarcely bear the weight of the bedclothes, but could now move her limbs freely without pain. In fact, except that she was feeble for a week, she was well; for not only was all pain gone, and good refreshing sleep produced, but the disease was really radically cured. She never had the least relapse, but steadily progressed and recovered. There was powerful action of the heart, but I could not detect any *bruit*. As she was daily and hourly becoming worse, in spite of all treatment, while immediately after the hypodermic injection the improvement took place, it is only fair, I think, to say that in this case at any rate it effectually cured the disease. Another very important fact to be noticed is, that the remedy produced not the slightest unpleasant result from the constitutional effects of the morphia. The appetite returned, and, with the help of a little quinine, she rapidly recovered, only a little stiffness of the joints remaining for a few days. In a week she was up and walking about.

CLINICAL MEMORANDA.

VARICOSE VEINS PROBABLY DUE TO OBLITERATION IN BOTH THIGHS OF THE DEEP TRUNKS.

A MAN, aged 36, was sent to me on account of varicose veins. He had varices of most unusual extent in both legs and the lower parts of both thighs. They were peculiar not only in the fact that almost every superficial vein seemed to be involved, but in that there was not the slightest trace of inflammation of the skin nor oedema. This feature attracted my

attention. The condition resembled more what we sometimes see on the surface of the abdomen after obliteration of the vena cava than what is usual in the lower extremities. The man's history seemed to favour the conjecture that the dilatation of the superficial veins might probably be a consequence of obliteration of the deep ones. He told me that seven years previously he had been laid up by rheumatic fever, and that after recovery he went to work too soon and became very wet. He was again laid up, this time on account of great swelling of both legs. He was nearly three months in bed, and after he got about again the veins began to enlarge. Before this illness he had no varix whatever. He had never been troubled by any kind of eczema or ulcers. At the time when I saw him, he was consumptive, and gurgling was easily detected over the left apex. I have seen two or three similar cases to this: in one, the veins of the upper extremity were varicose, and there was a history of phlebitis of the chief trunk.

ON SYMPTOMS.—Symptoms are a kind of language. We cannot read them unless we understand first the alphabet, next the words of which they are composed; finally, their arrangement or grammatical construction is most important.

NEURALGIA WITH SWELLING.—It is surely necessary to distinguish between a local inflammation induced in a nerve and pure neuralgia. If there be tenderness over a patch, with some slight swelling, then probably a degree of inflammatory action is present. A pure neuralgia should be without either tenderness or swelling. Yet this limitation would exclude a majority of the affections known as neuralgic.

JONATHAN HUTCHINSON, F.R.C.S., Surgeon to the London Hospital.

FATAL PULMONARY HÆMORRHAGE.

I AM extremely sorry to have misinterpreted Dr. Bradbury's first communication on the above subject; I can assure him I read it with great care. If, indeed, atheroma of the pulmonary artery within the lung ever occur—as Dr. Bradbury supposes—as a *primary disease*, it is of great importance that we should recognise the fact, and some well authenticated cases of the kind would therefore be of great value. There are certainly some cases of copious *pulmonary hæmorrhage*, rarely, however, immediately fatal, which precede any discoverable disease of the lung, and which have not yet been satisfactorily explained. It is, however, clear that the case reported by Dr. Bradbury, in which he does not describe fully the cavity found in the lung, nor state the condition of the pulmonary artery generally, nor even the appearance of the ruptured vessel (he does not seem, in fact, to have found it), will not by itself tend in any way to establish a fact of so great a clinical significance. And Professor Niemeyer's very bare statement, referred to by Dr. Bradbury, seems yet to need confirmation.

R. DOUGLAS POWELL, M.D., Assistant-Physician to the Hospital for Consumption, etc., Brompton. Nottingham Place, Jan. 31st, 1871.

CHANGE OF TYPE IN SCARLATINA.

I AM induced to place on record the remarkable change in the type of scarlatina which has taken place in this locality suddenly during the last three months, and for which I am totally at a loss to account. For two or three years past not a case has given me the slightest anxiety or disquietude; and, were it not for vivid recollections of former treacherous and fatal outbreaks, I might have been almost induced to regard scarlatina as a bugbear.

Three months since, a young lady in whom the eruption had run its ordinary course, was seized with swelling of the parotid and submaxillary glands, together with ulceration of the tonsils. She eventually did well, but from this moment not one single case has done kindly. The sequelæ have been of every conceivable character, from simple glandular enlargements to suppurations and dissections amongst the muscles of the neck; from anasarca and albuminuria to convulsions and paralysis; erysipelas of the face—to me a novel sequel altogether; hæmorrhage from the ear (fatal); and diphtheritic deposit about the fauces. Some cases were ushered in by convulsions. One remarkably robust boy, whose brother was laid up with the disorder, suddenly went into a state of collapse; reaction never took place; and in sixteen hours, from a state of apparent rude health, he was a corpse.

No less care was taken in all these cases than in the former harmless ones. The most approved hygienic measures were carried out; the diet was generous, with port wine, and the medicine was that which I have always considered most efficacious in neutralising the poison and sustaining the system in the warfare it has to accomplish; namely, a