their natural appearance in about an hour. The patient appeared well until the succeeding evening (12th), when the left hand was attacked up to the carpo-metacarpal articulations, corresponding with which was a distinct boundary line. On the 13th, the right hand was slightly affected in the morning. In the middle of the day, the wrist also was very much involved, and was bounded from the arm by a distinct line. The parts were almost quite restored in the evening. The oæna was profuse. When the child was undressed on the 14th, her parents observed a dark yellow coloration, extending the entire length of the spine, about an inch in breadth. During that day, the only other symptom noticed was, that the left elbow was decidedly colder than the right. On the 15th and 17th, the child was quite free from all abnormalities excepting the oæna.

These attacks came on suddenly, the various parts affected having been seen to change from their natural condition to blue-black lividity, cedema, coldness, and hyperæsthesia, in the course of a few minutes—in some instances, five minutes sufficing for the alteration. The recoveries were less rapid, but sometimes occupied some minutes only; at others, about an hour. They occurred at various periods of the day, and appeared to be irrespective of reception of food and various external conditions—of warmth or cold, wet or dry days, or of mental emotions. Throughout, the child had similar food to the other children of the family, and was the only one affected, and had never before ailed in a similar manner. Her father is a healthy, strong agricultural labourer; her mother is a robust and vigorous, but faint-hearted woman. Between the attacks, the patient ran about and played as usual. Sometimes while playing, at others while in bed or sitting still, she complained of pain; and then some part was found to be becoming affected. While the neurosis remained, the child was in pain, wanted to lie undisturbed, and had anorexia. The attacks sometimes lasted all day, and sometimes passed off quickly; they ceased more rapidly during the last days than when the neurosis began.

It will be observed that the left side was most affected; that the discharge from the nostril of the same side (to which it is limited) was suppressed when the symptoms first appeared; and that, when the oæna returned on the 6th, the pseudo-gangrenous appearances ceased, but only for a time: they recurred occasionally, although the oæna continued; so that the nasal discharge and the symptoms did not appear, as at first, to exist in any relation to each other.

There has not yet been any perceptible desquamation; nor is any expected, as the skin of the various parts has throughout been soft and pliable. During the recurrences of the neurosis, the weather has been, for May, unusually cold.

In Dr. C. Handfield Jones's work on *Functional Nervous Disorders* (at p. 472 *et seq.*), are some remarks on, and cases of, somewhat analogous attacks to that now adduced.

Since the above was written the oæna had ceased. One day in June the child expelled a fetid mass (which probably contained the remains of the velvet), and its nose has been quite free since then.

SANTONIN AS A PARASITICIDE.

By DAVID PAGE, M.B. Edin., Kirkby Lonsdale, Westmorland.

SOME time ago, the efficacy of santonin in destroying intestinal parasites, and the peculiarity of its effects on the system, now and again observed, received a passing notice in the pages of the JOURNAL. I wish on this occasion to add a remark or two in the same direction, furnished by cases lately under my observation.

In the first of these, a healthy-looking girl, aged 12, was brought to me, suffering from loss of appetite, toothache, white-furred tongue, and symptoms generally indicating an irritable state of the *primæ viæ*. Her mother told me that, for some weeks, the navel had been the seat of great pain and uneasiness, and there were now much redness and tenderness to touch. The failure of domestic medicine had alarmed the frugal housewife, and induced her to seek a remedy elsewhere. I suspected, from the above symptoms, that the ascaris lumbricoides was lurking within the small intestines, and so gave her five-grain doses of santonin, to be taken at bedtime, followed next morning by eight grains of the compound scammony powder, to be taken early before breakfast. This treatment was to be repeated for three successive nights; but, on the morning after the second dose, I was informed that two round worms had come away by stool. One of them, which had been kept for my inspection, I found to measure fourteen inches in length. A week later, I repeated the medicine, but without any result, and the girl had already recovered her former good spirits and appetite. In spite of the large quantity of santonin administered, there was no disturbance of the eyesight or other function.

In the second case, I was consulted a fortnight ago by a country gentleman, about his youngest son, a bright little boy, aged 5, but whose health began to cause the parents much anxiety. I found him showing all the signs of a general derangement of the gastro-intestinal tract, characterised by a very capricious and fastidious appetite, and a pale tongue, with enlarged papillæ, and a slimy yellow coat along the dorsum. His bowels, too, were sluggish, and his sleep was often disturbed by waking and cries. Though, certainly, here the primary condition was a catarrhal state of the *primæ viæ*, I considered that, if the irritable symptoms depended upon parasites finding a comfortable and luxurious habitat in the excessive mucus adherent to the intestinal walls, the most prudent step would be their removal before proceeding to a tonic treatment proper to the catarrh. Santonin was therefore given as in the foregoing instance, and syrup of senna substituted for scammony, as less likely to irritate the bowels. Perhaps the old-fashioned compound decoction of aloes might have been preferable to either, seeing that the aloetic drug exerts a special stimulant and bracing action upon the small intestine, helping it to shake off the viscid mucus and allowing free osmosis to the fluids of the choked-up glands. At any rate, the immediate effect of the treatment was to dislodge a whole colony of the oxyuris or threadworm with masses of jelly-like mucus. After the first dose, much alarm was excited when it was discovered that my little patient had involuntarily passed during sleep a large quantity of urine, which stained the bed-linen bright yellow. This, I had to explain, was one of the occasional effects of santonin. The eyesight, however, was not affected. I see in Ringer's *Handbook of Therapeutics*, that santonin is recommended as a remedy for the nocturnal incontinence of urine in children.

CLINICAL MEMORANDA.

INTERMITTENT HÆMATURIA OF MORE THAN TWENTY YEARS' DURATION IN AN AGED WOMAN.

MRS. B. of Plymouth, aged 75, of a nervous and rather sanguine temperament, ceased to menstruate at 49; and from that time to the present, a period of twenty-six years, has been subject to attacks of intermittent hæmaturia, coming on at irregular intervals, without pain, and continuing for some months at a time, in spite of continued rest in the horizontal position; the constant use of iron, lead, gallic acid, and iced lemonade, being frequently administered as a drink when thirsty. The pulse is natural, the tongue clean, the countenance rather anæmic. She complains of debility. The urine is normal in quantity, but deeply coloured with blood, which becomes deposited in a thick grumous layer at the bottom of the utensil on the urine becoming cold. No more albumen is obtainable than may be accounted for by the presence of the blood in the urine, which is of specific gravity 1015. No premonitory symptoms have characterised these attacks, such as pain, or a sense of weight at the loins, etc. The appearance of the blood has been more venous than arterial. The question naturally arises, What is the peculiar pathological condition in this extraordinary case? Has it been simply arising from periodic passive congestion of the kidneys, or has it been parasitical? Calculi, I think, may be excluded, from the total absence of pain. If not parasitical, I am inclined to regard it as a salutary effort of nature to prevent venous congestion of the system arising from the suppression of an accustomed discharge of blood.

J. N. STEVENS, M.R.C.S.E.

Princess Square, Plymouth, July 31st, 1871.

EFFECTS OF THE VAPOUR OF AMMONIA IN THE TREATMENT OF WHOOPING-COUGH.

IN consequence of the benefits which patients have received by the inhalation of the atmosphere containing sulphuret of ammonia in the purifying-room of the gas-houses in whooping-cough, when the disease is in its last stage (that is, after the third week), I conceived the idea that ammonia might be more potently administered in the form of moist vapour by means of my "brick bath", an account of which I published in the BRITISH MEDICAL JOURNAL for August 20th, 1864. Accordingly, in cases which I have had recently, I had one ounce of the strongest liquid ammonia put into a gallon of boiling water in an open pan, and the steam kept up by means of half a brick made red-hot throughout and put into the boiling water containing the ammonia, and placed the pan in the centre of a room, into which I had the patients brought as the ammoniated steam was passing off. This method was used in the evening, just before bedtime; and it has been so efficacious in abating the spasmodic attack, and after three or four