invariably present ; and I have seen two cases where there has not been any pain at all, and another when the pains came on a week or two after the first attack of fever. The fever in this latter case was much more intense than I have seen it in any other case. In another case, swelling of the feet and ankles occurred from a week to a fortnight after the fever, and continued for three or four weeks, when it disappeared spontaneously. In this case, also, the fever was very severe. The pains often continue some time after an attack of dengue.

In dengue, as in many other diseases, it is possible to do too much. It is, I believe, better to treat the urgent symptoms in each case without adopting any routine plan of treatment. Purgatives at the commencement are not often desirable, for the patients are so exceedingly weak that they cannot well bear the effects of a brisk purge, and the patient seems worse after it than before : and, again, the pains are frequently so severe that the necessary movements during the action of a purgative are intensely agonising to the sufferer. When, however, the pain and debility are not great, a purgative is useful, as also is it when there is evidently great constipation, unless the other symptoms forbid it.

Following the advice of some Calcutta practitioners, I used the tincture of aconite in small doses, frequently repeated, with a little syrup, as a remedy against the severe pains, but I did not find it very serviceable. After reading Dr. Charles's clinical lecture on dengue, I tried the tincture of belladonna, and it proved very useful, in doses of from eight to twelve minims. The pain was quickly relieved, and the patient had sleep. The remedy need not be continued long after the pain is relieved, and the patient's restlessness calmed. It may be necessary, however, to repeat it if these symptoms should return. No other medicine is usually necessary, except perhaps a saline mixture, containing liq. ammon. acet., sp. ætheris nit., tinct. hyoscyami, and aqua camph.

The severe headache may be relieved by ice applied in a bladder to the head, and the strength should be kept up with nutritious soup or beef-tea, and milk, with occasionally a little brandy in it, etc. When the fever has abated and the terminal rash disappeared, a tonic is generally necessary, and a generous diet, with beer or wine, to bring up the patient's strength, which is often very much reduced. Patients often suffer from pains in the joints after an attack of dengue ; but they usually pass off soon, and seldom require special treatment.

THREE CASES OF SUDDEN DEATH.*

By J. MILNER BARRY, M.D., Tunbridge Wells.

THE first occurred in a man, aged 41, who during life had only complained of dyspeptic symptoms, including a peculiar choking sensation coming on at nights, and relieved by walking about. The heart and lung-sounds were apparently normal. Death occurred suddenly in the night. At the *post mortem* examination, the left pleura was found full of blood, which had escaped from a small sacculated aneurism, the size of half a walnut, of the descending portion of the thoracic aorta situated behind the heart. The case was characterised by a singular absence of the usual concomitant symptoms of aneurism. There was no dysphagia ; no erosion of the vertebrae. The choking sensation might be accounted for from the fact of the œsophagus being attached to the aneurism, lying directly on it. Dr. Barry mentioned that both Dr. Stokes and Dr. Walshe refer to the extreme difficulty of positive detection of small aneurismal sacs behind the heart.

The second case occurred in a young lady, aged 21, active, well-nourished, and with a good healthy colour. She was subject for nearly twelve months to nearly constant vomiting, and known to be the subject of heart-disease. On auscultation, loud blowing murmurs were heard over the pulmonary aortic and mitral valves, a thrill was perceptible over the situation of the pulmonary valves, and the area of præcordial dulness was increased. The vomiting continued unchanged, and, though apparently somewhat hysterical in character, seemed mainly attributable to irritation of the pneumogastric nerve from the diseased heart. She died suddenly in the night. At the *post mortem* examination, the pericardium was found generally adherent. The tricuspid and aortic valves were healthy. Two of the pulmonary valves were adherent by thin edges, and one of the mitral valves shortened and tied down. A short funnel-shaped canal passed through the septum ventriculorum from below the aortic valves to behind the tricuspid. Two rough ridges, one above and the other below the opening, probably impeded and roughened the current of blood, and gave rise to the peculiar "swashing" character of the murmur heard during life. The direction

of the canal was such as to cause the blood to pass more readily from the left ventricle into the right than *vice versa*. The entire absence of cyanosis was a noticeable feature in this case. No ulceration was found in the stomach ; but there appeared to be a sort of constriction midway in the greater curvature, where probably the spasmodic action was greatest, and this may have accounted for the peculiar character of the vomiting ; the food being suddenly and forcibly shot out, and in the convulsive effort made to reject it, a portion was probably dashed on towards the pyloric end, and then retained till the vomiting had subsided, thus, in a measure, accounting for the nutrition of the patient being maintained.

The third case occurred in a single lady, aged 41, five months previously. Dr. Barry had attended her with chronic peritonitis ; from this she quite recovered, and had never complained of any chest-symptoms. She died suddenly whilst dressing. At the *post mortem* examination, the pericardium was found distended with about eighteen ounces of serum and soft blood clots. The heart was loaded with fat and flabby, and showing fatty and granular degeneration, and almost total disappearance of muscular striæ under the microscope. The aorta was stiff, rugose, atheromatous, and dilated. A small aneurismal pouch, one inch above the aortic valves, as thin as a wafer, had given way, and allowed an escape of blood into the peritoneum. This patient's brother had died suddenly some months previously at the age of 52. The clinical lesson taught by the above and similar cases, as Dr. Barry insisted, was that, in cases of extremely sudden death our attention should be directed to the heart first, and not to the brain.

ON THE TREATMENT OF WOUNDS BY ALKALINE APPLICATIONS.

By R. T. MANSON, M.R.C.S.E., etc., Howden.

ALKALIES, as local applications, check alkaline secretions. Laudable pus has an alkaline reaction. The application of alkaline substances may, therefore, be supposed capable of beneficial action on pus-secreting surfaces. The official linimentum calcis, spread on fine cotton-wool and applied to the surface of a wound, seemed to afford the best method of testing the value of the theory. It has been tried by me in a great variety of surgical cases, from bruised fingers to amputations, and with uniform success. The advantages of its use are : lessening the secretion of pus from a wound ; easiness of application ; extreme adaptability to irregular surfaces ; prevention of the access of atmospheric air to the wound ; promotion of healing by first intention, or, when that does not occur, promotion of healthy granulation ; doing away with the use of nitrate of silver or sulphate of copper ; ease to the patient ; and saving of time to the surgeon. Used on lint, the linimentum calcis is not nearly so valuable as when used on fine cotton-wool. Lint does not get into the holes and corners of an irregular wound as cotton-wool does ; it is not removed so easily ; it becomes more easily dried and hardened, and possesses less of the nature of an artificial skin than cotton-wool. Linimentum calcis has long been used for burns and scalds. Some surgeons think it a nasty application ; but, when made with olive-oil instead of linseed-oil, as was formerly the case, the nastiness is abolished. The *modus applicandi* is as follows : On a piece of fine cotton-wool, rather larger than the surface of the wound to which it is to be applied, the linimentum calcis is poured and spread over the wool, which is then placed over the wound and covered with common wadding. Either bandages or strips of plaster may be used to keep the lint in position.

CASE I.—H. P., a pitman, while riding "in bye" to his work, incautiously raised his head, which came in contact with the roof of the pit. When I saw him, in addition to concussion of the brain, his scalp was torn, scored and grooved from forehead to occiput ; one ear was cut through, and he had a bruise on the face. I put the bits of skin in position as well as I could, and applied linimentum calcis on cotton-wool. The case did well, no other treatment being used.

CASE II.—J. S., also a pitman, was knocked down and a rail-plate forced into his mouth ; while he was so lying, the cage came down on his head. There were an extensive wound in the soft palate, fracture of the right superior maxillary bone ; the mouth was torn open ; he had scalp-wound, one ear cut, and a finger ripped up from end to end. The external wounds were all treated as in the last case, and the man made a good recovery.

CASE III.—R. T., a pitman, had compound dislocation of the ankle, for which I amputated the leg in the lower third. The flaps did not unite by the first intention, and some unhealthy action was set up. Poultices were applied, but changed for the wool and linimentum calcis, and the stump has done well.

* Read before the East Sussex District Meeting of the South Eastern Branch.

CASE IV.—W. T., a boy employed at a brickwork, had the thumb and forefinger of one hand caught in a pressing machine, which took off the finger in the middle of the second phalanx, and so injured the thumb that I found it necessary to remove the injured portion. The stumps were dressed with wool, etc., as in the other cases, and did well.

As accident-surgeon to four collieries, I have a fair number of injuries under my case, and I invariably use the method which I am recommending, and, so far, have no reason to be dissatisfied with the results. For anything I know, the plan is not new; but even if so, I can recommend it as a good one.

SCARLET FEVER AND SYPHILIS: A SUGGESTION.

By EDWARD WOAKES, M.D., Luton.

To most physicians it has occurred to meet with cases of scarlet fever assuming from the outset a distinctly malignant character, at a time when the type of the prevailing epidemic has been of a favourable kind. Under these circumstances, the question must have propounded itself with perplexing urgency—What is it in these exceptional instances that constitutes their virulence? Why should scarlet fever be dreaded as a scourge of worse than Egyptian terror by the members of one family, while in the adjoining house, perhaps, it asserts itself as a comparatively mild ailment.

The following suggestion, towards the solution of this problem, resulted from the observation of four or five distinct epidemics of scarlet fever, and is based upon data supplied by a knowledge of the early medical history of the fathers of the patients. As the result of this historical information in the cases to be briefly detailed, the writer has adduced the conclusion that *their malignity was derived from the circumstance of inherited syphilis*.

CASES I, II.—About twelve years ago a gentleman came under my care with a large Hunterian chancre of the glans penis; and, while under treatment, informed me he was shortly about to marry. In spite of all remonstrance, he appears to have carried out his intention very shortly after the primary sore had disappeared, and in less than eight months afterwards I was informed that his wife had been confined in a distant town. It was not long before I was called upon to attend this child for very characteristic symptoms of constitutional syphilis; and frequently afterwards did this condition recur, or accompany and complicate every trifling ailment that befel it. In the course of two years another child was born, prematurely, but, by dint of much care, survived, and gave promise of arriving at maturity. Like his brother he manifested the characters of inherited syphilis. A girl was born in due course, also prematurely, but only survived its birth some three weeks. One or two abortions followed, but fortunately no live birth. In the autumn of 1871, during the prevalence of a not remarkably severe epidemic of scarlet fever—these children having attained the ages respectively of nine and seven years—fell with the disease. The elder one, who was first attacked, rapidly developed symptoms of severe blood-poisoning; stupor with low muttering delirium set in within twenty-four hours of the seizure, intense rash, a temperature of 105 deg., followed by severe throat symptoms and putrid discharge from the nose and mouth, presaged a fatal issue, which occurred on the sixth day. The second boy then sickened, and though at first with less intensity, he too sank at the close of the first week.

CASE III.—About the same time I prescribed occasionally for the child of a groom, aged a little over two years, the subject of scarlet fever. His father, I knew, had a venereal attack three years previously, but, as I did not attend him, cannot testify to its exact character. This patient progressed favourably for a fortnight, when malignant throat symptoms set in, under which he sank at the end of the third week.

CASES IV, V.—About the period at which the history of the first detailed cases commenced—twelve years since—I treated another patient with primary syphilis. He was apparently well acquainted with the phenomenon, made very light of the occurrence, and ceased his visits long before it was prudent to discontinue treatment. Almost my next introduction to him was in the early part of the present year, when the epidemic of scarlet fever, which had nearly disappeared during the winter, revived and became more general through the inclement spring months. At this period I was requested to see his daughter, about three years old, who was said to be very ill. I then ascertained that of five children born since his marriage this was the only one now living,

an infant having died in convulsions, after thirty-six hours illness three days previously. This infant, it should be stated, developed a rash a few hours prior to its death, which the friends supposed might be measles, but which there is little doubt was scarlatinal. I found the only surviving child in a moribund condition; an ill-developed dusky rash of scarlet fever was diffused over the entire body, sloughy tonsils, enlarged submaxillary glands, stupor, tympanitic belly, and a temperature of 106 deg., left no room for doubt, either on the score of diagnosis or prognosis. This child sank on the sixth day.

It is worth while to note, in passing, that the foregoing were the only fatal cases which came under my observation during the recent epidemic, including a period of nine months.

Here it is necessary to anticipate the objection, that five cases are an insufficient foundation on which to construct any hypothesis sufficiently comprehensive to embrace any large proportion of the special form of disease under consideration. But the purport of this paper being only to communicate instances in which the previous syphilitic history is so clear as to leave no room for cavil, necessarily precludes many cases in which hereditary taint was presumably present, but which lack the essential feature of direct medical testimony to the fact. It is hoped that the idea thus broached may lead others to search for indications of constitutional syphilis in the subjects of malignant scarlet fever. The evidences of such infection being not far to seek, it follows that the suggestion now offered will be speedily refuted or as readily confirmed.

The writer must also regret that he is not prepared to advance any satisfactory theory to explain the connection between the two conditions, which he believes he has observed. The facts recorded indicating, as they undoubtedly do, an intense tendency to disintegration on the part of the blood and tissues of these patients, when exposed to septic influences, recall forcibly the recent investigations of Löffler, and invest the germ theory of syphilis, as advanced in his researches, with a force of probability, independent altogether of their actual demonstration. But while these views are rightly regarded as at present *sub judice*, the facts so imperfectly submitted in this communication, as well as the inferences from them, must be judged on their own merits, and entirely irrespective of any such hypothesis.

CLINICAL MEMORANDA.

DISLOCATION OF THE JAW THROUGH TONGUE-SUCKING.

IN reply to Dr. Ballard, the young lady in question possesses more than an average amount of mental power, and is remarkable for her vivacity. This case confirms, however, the statement made by Dr. Ballard, that deformity of the jaws may result from tongue-sucking, etc., inasmuch as her jaws are narrowed and prolonged: the upper one so much so, as to cause the canine teeth to overlay the incisors. This is, however, in a great measure being corrected by a dentist, who has used mechanical appliances, which have expanded the upper jaw during its growth, and brought the teeth into much better position. The young lady is quite well, but insists upon the bandage being applied nightly, as a precaution; and every effort is made to break her of the pernicious habit.

EDWIN MORRIS, M.D., F.R.C.S.

Spalding, September 30th, 1872.

INGROWING TOENAIL.

AMONG the many different modes of curing this very distressing complaint, is one which, from its simplicity and ready mode of application, will doubtless recommend itself to all. I mean the insertion of a small piece of lint under the side of the nail. This can best be accomplished by the aid of a quill cut into the shape of a spatula, and bent flat. The instant relief experienced by the removal of the irritating nail is well known; and, in a great number of cases, the sore quickly heals without even the aid of nitrate of silver or nitric acid. I have cured several cases in this way, some of long standing, and can therefore confidently recommend it to the profession.

WYKEHAM H. LYDALL.

TONGUE-SUCKING.

AT the suggestion of Dr. Ballard, I beg to record two cases of abnormal sucking, premising that they were not occasioned by "fruitless sucking," neither were the faculties of the children in the least degree affected. One was sucking the thumb and forefinger, and, after many fruitless expedients, the habit was broken by wearing a splint on the arm, extending below the fingers. The other case was tongue-sucking, and,

* Read before the Medical Section at the Annual Meeting of the British Medical Association in Birmingham, August 1872.