On one point I have reason to congratulate myself, and that is the liberal tone which the medical press, with few exceptions, has observed towards me. Our science, theoretic and practical, is an organism every part of which shares the life of the whole. Isolate any portion of it from the general circulation, and that portion is doomed to atrophy and death. That the physician and the physicist are mutually helpful units in this organism, will become more and more evident as time moves on.

Though the apparatus is now in disarray, I should willingly, if it were thought desirable, make arrangements to enable medical men to see my infusions, protected and unprotected. Words can scarcely convey a clear notion of the contrast between the hyaline purity of the one and the muddy turbidity of the other.

SEQUEL TO A NOTE ON MALTA FEVER.

By W. C. MACLEAN, M.D., C.B.,

Professor of Military Medicine in the Army Medical School, Netley.

SOME months ago, I addressed some observations to the JOURNAL on this remarkable form of fever, and referred to the case of a young medical officer at that time under treatment at Netley, suffering severely from some of the protean sequels of the disease. My young friend left Netley in the first days of October, and was removed to Edinburgh in an invalid carriage; and, although the neuralgic and rheumatic symptoms had much abated, he was terribly prostrated, incapable of locomotion, and quite anæmic. A few days ago, I received a letter from him, giving the history of his very sad suffering from the date of his leaving Netley to the present time. From this I give a few extracts, which will not only illustrate what I said before, but show how strongly the malarial element developed itself after he left Netley. While with us, he had a superabundance of febrile attacks; but they were not at all paroxysmal.

The patient has been advised to go to Karlsbad in May, advice strongly seconded by me, and afterwards to take a chalybeate course, which will, I have no doubt, as in many other instances, restore him to health. "Thinking you may be interested to hear of the progress of my somewhat unusual fever, I take the opportunity afforded by an intermission to tell you about it. I daresay you heard that, on reaching Edinburgh in October, I was attacked by a severe pleurisy, which well-nigh finished my history. I completely recovered from that, and began to pick up with wonderful rapidity, the fever having left me entirely. I soon regained the use of my legs, which you may remember was completely in abeyance at the time I was at Netley, and was able to go out walking a little. About November 30th, I was suddenly seized with a very severe attack of lumbago, the acute symptoms of which gave way in a few days to an attack of distinctly paroxysmal fever. This was utterly unlike anything I had ever suffered from in Malta or at Netley. Every day, about 4 P.M., I was seized with a cold stage, sometimes with marked rigors, sometimes only sensations of chilliness, lasting from twenty minutes to an hour, or an hour and a half. This was followed by great heat of skin, utter prostration, and frontal headache, with mental confusion, amounting sometimes to actual delirium. Sweating generally began at 9 P.M. At its first approach, I fell into a sudden quiet sleep, and awoke feeling calm and comfortable about the head, and almost free from fever. There were no actual intermissions, but very distinct remissions. The attack lasted about a week, and left me much pulled down. I soon regained strength, and was nearly quite myself again, when, on January 25th, I had a slight return of sciatica, quickly followed by fever; that is to say, I was feverish that night and on the following morning. At 1 P.M. on the 26th, I was seized with a very severe rigor, or rather, a regular ague, which lasted with considerable violence for about twenty minutes, followed by a short but severe hot stage. The paroxysm returned at 9 o'clock of the same night, and was also short but severe. On the following day, the usual paroxysm, slightly modified by quinine, came on at 4 o'clock, but was not repeated that day. Next day, the 4 P.M. paroxysm was slight. Yesterday, there was none, and to-day (January 29th) I enjoy a complete intermission. My spleen, which, if I remember aright, was little or not at all enlarged on landing from Malta, is now distinctly so, and has been ever since my last attack in November. My appetite is good, and I satisfy it well; but I am shockingly anæmic."

The history of this case, which is only a particularly severe example of many such sent from Malta, well bears out the remark of my colleague Mr. Webb, quoted in my last notice of "Malta Fever", that invalids from Malta are admitted into the Royal Victoria Hospital, as a rule, in a more shattered condition than those sent from India.

CASE OF ACCIDENTAL POISONING BY TINCTURE OF CANTHARIDES.

By W. R. SPENCE JEFFERISS, M.D., C.M. Edin.;

Parochial Medical Officer, Lochmaben.

CASES of poisoning, especially of an accidental nature, from cantharides, are very rare. Such a case has just occurred in my neighbourhood, and proved fatal to the unfortunate person. I beg to furnish the following particulars, in the hope that they may be of interest to members of the profession.

I was asked lately to visit Margaret Green, a pauper lunatic, who, I was informed, had gone into the druggist's shop here with the intention of stealing some laudanum. She had effectually done so on a former occasion; but this time she, from some unexplained cause, seized upon the wrong bottle; viz., one containing tincture of cantharides, of which she partook freely. On investigation, it was elicited that she must have taken three fluid ounces from the bottle.

When I saw the poor woman about two hours and a half after the accident, she was quite sensible of what had happened; and, when asked by me where she got the poison, she said, in the presence of witnesses, that she got it at the apothecary's; and, when further asked why she took it, she said that the lads (apprentices) in charge told her to take it.

I may here mention that the deceased was a lunatic, living in a private dwelling, under the care of her mother (sanctioned by the Lunacy Board); she had been in a weak state of mind for about twenty years, and subject to epileptic fits: all attributed to a fright. At each menstrual period, she became more excitable than usual, and had a series of fits; after the menstrual period was over, she became quiet, and almost quite rational, performing all the duties of her mother's house. She had never shown any suicidal or homicidal tendencies; and, although she was fond of drinking laudanum, she was never really known to take a poisonous dose, although she had frequent opportunities of doing so had she desired.

On the day she took the poison, I met her about noon, and spoke to her, and observed nothing excitable about her manner. Her mother informed me that she had menstruated about ten days previously, and that she was not unwell at the time of the accident. When I saw her after she had taken the poison, she was suffering much from a burning pain and constriction in the throat; her eyeballs were prominent; her lips and mouth were parched and bleached (blistered). She was salivating, retching, and vomiting a glairy tenacious mucus; her tongue was also bleached along the sides and tip, but was blackish-brown in the centre, and much swollen. The breathing was very irregular and imperfect, sometimes quick, sometimes slow, and at great intervals. The pulse at the wrist was full and bounding; the vessels of the head and neck were much congested. The poor creature appeared to be suffering great agony, as was indicated by her expression of countenance and the throwing about of her arms and body in her endeavours to obtain relief.

Vomiting being free, and the patient complaining much of pain in the gullet and great difficulty in swallowing, and considering the length of time since the poison had been swallowed, and the very soluble form of the drug, I was of opinion that emetics were unnecessary, and the use of the stomach-pump would have been fraught with danger (through mechanical injury to the weakened, and probably blistered, condition of the gullet and stomach). I, therefore, administered a draught of white of eggs, olive-oil, and warm milk, and encouraged the continued use of warm diluent drinks, with warm poultices to the throat, neck, breast, and stomach.

I again visited the patient in a few hours, and found her somewhat easier, so far as the burning pain in the throat went; and her mental condition was more composed. She was vomiting a coffee-ground-like substance, and complained of pain over the bladder, uterus, and kidneys, especially severe over the hypogastrium; she also appeared to have greater difficulty in swallowing: when fluids were given to her to drink, she kept them in her mouth for a while, and then allowed them to escape over her lips again. When persuaded to make an effort to swallow, she choked and spurted the whole out again. This was seven hours after swallowing the poison.

I prescribed a continuance of the remedies already in use, and the further use of fomentations over the bladder and kidneys. On the following morning, I found her no better, having passed a restless night. On inquiring whether she had passed urine or not, her attendants informed me that she had frequently tried to do so, but ineffectually, only passing a little blood instead of urine. The bowels had slightly acted,

the motion being black and tarry-looking; her mind also wandered during the night. The pulse was now small and compressible, and I feared perforation had taken place. At noon of this day, she got up to take a smoke, probably thinking it would relieve her, when she died in the sitting posture, twenty-one and a half hours after taking the poison.

Thirty hours after death, in conjunction with another medical man, and by the request of the Procurator-Fiscal, I made a *post mortem* examination of the body. The relatives and friends were much averse to such a proceeding; consequently a complete examination of the viscera was not made. The Fiscal and other medical man being satisfied with an inspection of the stomach, I concurred in the opinion that there was ample to account for death in the state of that viscus.

On opening the abdominal cavity, the walls of which were very thickly lined with fat, a large amount of fetid gas escaped. The stomach was *in situ*, and towards its upper and posterior surface, about three inches from the pyloric end, a perforation existed, sufficiently large to allow a small hen's egg to pass through it. The perforation was oval in form, and, in the direction of the long diameter of the stomach; its edges were ragged, congested, and blackened, and the mucous membrane for two inches on each side of the perforation was congested and blackened, and the mucous surface of the stomach and lower end of the gullet was generally in a blackened and softened state, and coated with a black grumous matter. There appeared to have been no adhesive inflammation of the peritoneum, and, so far as observed, no peculiar odour was emitted from the contents of the stomach.

UNUNITED TRANSVERSE FRACTURE OF PATELLA TREATED SUCCESSFULLY BY POSITION.

By RICHARD THOMAS HEARN, M.B., L.R.C.S.I.,
Medical Officer to the Bournemouth General Dispensary.

J. L., AGED 18, a labourer, suffering from a transverse fracture of the patella, presented himself at the out-patient department on October 18th. He stated that, on September 6th, he and some others were amusing themselves in jumping, and, after giving a couple and when about to spring for another, he suddenly fell, and found he was unable to get up or move the left knee. He was at once conveyed to his lodgings and "found that his knee-cap had retracted three or four inches up on his thigh". A medical man was sent for, who put on a posterior splint, which was removed after four days, and a figure-of-8-starched bandage substituted. He remained in bed for five weeks, and, finding he was not getting better, he came home to his father's, where he remained a week without any treatment, and was then brought to the dispensary in a car. On removing the starched bandage, and examining the joint, I found considerable effusion. Examining carefully the patella, I found the lower edge of the upper fragment tilted forward, 'with a sulcus between it and the upper edge of the lower fragment, admitting readily my little finger. On fixing the lower fragment with one hand, I could move the upper about in every direction (there not being the least attempt at union). I determined to treat the fracture by position solely; and, with this object, had his foot and leg elevated until his great toe was on a level with his nose and his body bent forward, supported by a bed-rest, in order to relax the quadriceps. After about a week, there was hardly any appreciable separation between the fragments; the effusion began to disappear; and after keeping him in this position for upwards of four weeks, I put on a gum-and-chalk bandage, to support the knee, and let him walk about. He wore this for a fortnight, when he took it off and resumed his employment.

REMARKS.—This case affords a good example of fracture from muscular action; and also shows the disadvantage of the figure-of-8 bandage (which ought to be a thing of the past) in the treatment of fractured patella. The more simple our mode of treatment, the surer are we of getting a good result.

THERAPEUTIC MEMORANDA.

TREATMENT OF EPISTAXIS.

THE attention of the profession having been directed to the subject of epistaxis by two articles in the JOURNAL this month, may I advocate the claims of warm water applied externally to the face and nose in the treatment of that disease? It is not perhaps adapted for those severe cases where plugging the posterior nares is evidently, and, at first sight, the only thing to be done; but it is, according to my experience (confirmed by that of my friends) the best remedy that can be

recommended to that large multitude of patients who are subject to bleedings more of a troublesome than of a dangerous nature. These minor hæmorrhages come on at the most inopportune moments, as, for instance, when the unlucky one has overslept himself, and has only ten minutes to wash, dress, and save a train. Cold or warm water will then make all the difference.

I believe that warm water acts simply by relieving the congestion of the mucous membrane, which is the prime cause of most cases of epistaxis.—CHARLES B. KEETLEY, M.R.C.S., Assistant-Demonstrator of Anatomy at St. Bartholomew's Hospital.

INTERNAL ADMINISTRATION OF TAR IN PSORIASIS.

CASE I.—E. L., aged 14, was admitted into the South Devon and East Cornwall Hospital on May 26th last, suffering from psoriasis inveterata on her arms and legs, with a few spots on her face. She had been suffering from it for five years previously. Arsenic and phosphorus having been tried unsuccessfully, on October 12th, she was ordered pitch pills, beginning at six grains during the day; the amount was gradually increased, and on November 9th she was taking 144 grains in the twenty-four hours. Owing to some slight symptoms of tar-poisoning appearing, the dose was reduced to 120 grains, which she continued taking until the 20th, when, the psoriasis not being improved, tar ointment was ordered, and on November 12th she was discharged cured.

CASE II.—J. H., aged 11, was admitted on October 7th last, suffering from psoriasis of both legs of twelve months' standing. Pitch pills were ordered, beginning at three grains in the twenty-four hours; they were gradually increased, and on November 9th he commenced taking ninety-six grains in the twenty-four hours. This he continued for a fortnight; but, as there was no improvement, they were stopped and tar ointment ordered. He is at present in the hospital, and is nearly cured.

REMARKS.—In a previous number of the JOURNAL, Dr. McCall Anderson, while upholding the usefulness of tar internally in psoriasis, states that perhaps the reason why his cases were more successful than Mr. Balmanno Squire's might be because of the difference "in the dose and mode of administration". In the above cases, the same method as Mr. Balmanno Squire's has been followed, and both large and small doses have been given without any benefit. Although the amount taken in both cases was large, in neither was the general health affected; on the contrary, they both improved; indeed, in the last case, the patient got most remarkably fat. Neither of the patients suffered from any sickness or nausea, the symptoms which the first case showed being pain and weight in the cardiac region with tumultuous action of the heart.

R. H. CLAY, M.D., Physician to the South Devon and East Cornwall Hospital.

CLINICAL MEMORANDA.

PECULIAR ALBUMEN.

Two or three years ago, I mentioned at the Manchester Medical Society a kind of albumen in the urine which could be detected neither by heat nor nitric acid until the urine had stood for some hours in the test-tube, when it began to show itself.

In the BRITISH MEDICAL JOURNAL of November 14th, 1874, Dr. George Johnson describes a rare form of albumen; and at the present time I have under my care a case of albuminuria in which the albumen is somewhat peculiar.

1. The urine is highly acid, and, on being heated, albumen soon shows itself. On adding nitric acid, and allowing it to stand, one-third of albumen is deposited.

2. Adding one drop of nitric acid causes a little white cloud as it travels to the bottom, which soon clears up. Heat being applied, the urine remains clear, and does not change in any way. After standing all night in the tube, it is unchanged.

3. On adding eight or ten drops of nitric acid, the urine becomes white throughout, and heat does not alter it.

Thus from the same urine one tube shows one-third of albumen, and another none at all, and this does not occur once, but is met with day after day. There can be no doubt that the commonly used tests for albumen are unsatisfactory. Our knowledge, too, of what is called Bright's disease, although much has been written on the subject, is far from what it ought to be, and a study of such cases, with special reference to the nervous system, will certainly reward anyone capable of undertaking it.

J. HADDON, M.A., M.D., Eccles, Manchester.