with well marked gastric and hepatic disturbance. Sometimes this stage is as well pronounced as in the severe remittents of a malarial locality in the tropics. With the above symptoms, there is severe headache, generally frontal. The temperature-curve differs widely from that in true malarial fever; it does not rise rapidly; and some days elapse before it attains its maximum, which appears to be 104 to 105 deg.; and this, as I have mentioned, is often maintained for forty, fifty, sixty, and even seventy days, with, as the unavoidable result, wasting and degeneration of muscular tissue and excessive prostration. From all I can gather, the disease is not, as a rule, paroxysmal, although in some cases of officers landed from Malta, seen by me in consultation, I have observed a distinct and well-marked morning remission, as in a malarial remittent. Such cases were benefited by quinine, which is seldom found useful in "Malta fever". Sometimes there is diarrhoea, with or without iliac tenderness; the evacuations being sometimes dark-coloured and offensive; at other times, particularly when there is abdominal tenderness, presenting the appearance commonly seen in enteric fever. In a word, if I may venture to judge from what I have gathered from our Malta invalids at Netley, sometimes the symptoms of typhoid, sometimes those of malarial fever, predominate. In the majority of the cases seen by me, the spleen has been more or less affected. We have in our wards at this time a case in which this gland is as much enlarged as if the patient had come direct from the Peshawar valley.

There is one symptom common to every form; viz., a stage of neuralgic and rheumatic pain, sometimes muscular, sometimes articular, not unfrequently both, through which eight out of ten of those affected have to pass before they can be said to be really convalescent. This stage is often not reached till some weeks after the more urgent febrile symptoms have subsided. A rise in the temperature usually precedes the setting in of this fresh addition to the patient's sufferings. A number of weakly young soldiers do not convalesce at all, or only to a partial extent; developing, instead, either tuberculosis or some other form of destructive lung-disease, the result of the metamorphosis of catarrhal or pneumonic deposits which have taken place in the course of the disease, or which may have existed previously.

My friend Staff-Surgeon Lambert, R.N., who served for some time in the Naval Hospital at Malta, and who suffered severely from the disease himself, informs me that a large number of seamen were in his time invalided home, after having gone through this fever, on account of deposits of this kind, which, in the vigorous and those presumably not of a phthisical tendency, were absorbed, as many of them returned after some months' absence, in good health.

It would appear that the treatment of this disease is, to say the least, unsatisfactory. It is certain that, save in cases in which malarial symptoms predominate in a very marked manner—in other words, where the fever is more or less paroxysmal—quinine is useless, if not hurtful, exercising no influence either in reducing temperature, shortening the duration of the disease, or even mitigating the pains of the rheumatic stage. This being so, I have a suggestion to offer on this point for the consideration of those who have to contend with this disease. It may appear very unscientific, very empirical, to discuss remedies before we have settled the proper place of this fever in our nosological system; but I am afraid this is what physicians have to do every day. There is, however, no reason why the use of this or that provisional remedy should in the least interfere with those careful observations which are so much needed here. Let us hope that more than one of our capable medical officers quartered at Malta will take this fever in hand, and, after the manner of Louis, and Jenner, and Parkes, and Stewart, patiently investigate it. Judging from the careful report of those who have studied the sanitary surroundings of the troops, there is much to rouse the suspicion, at the very outset, that a faecal element plays an important part in the genesis of this disease, for the whole inhabited part of this "military hothouse" seems supersaturated with excrementitious matters; so much so that, on looking over the report of the Committee of which Surgeon-General Ker Innes was President, it has often struck me that if, by any accident, yellow fever were introduced into that closely peopled island, with its sterco-raceous accumulations in houses, it would find the conditions most favourable for the development of its destructive power.

Some months ago, Dr. Alfred A. Woodhull, of the United States Army, was good enough to send me a copy of a paper of his, reprinted from the *Atlanta Medical and Surgical Journal*, giving an account of his clinical studies with large non-emetic doses of ipecacuanha in the treatment of dysentery. From this, it clearly appears that this method of treatment, once more happily established in India, is not much known or appreciated in the United States. Dr. Woodhull's cases, which are carefully and conscientiously recorded, show that the *radix antidysenterica* is as effective against the dysenteries of

America as it is in India. I have since received from the same author a reprint of another paper from the same journal, giving his "clinical studies on the use of non-nauseating doses of ipecacuanha in intermittent fevers". Dr. Woodhull gives a series of twenty-eight cases treated with ipecacuanha in doses varying from one to twenty grains. Emesis followed only once or twice, and nausea very seldom, although the author thinks "a good preliminary emetic would sometimes be useful". Dr. Woodhull gives the cases in some detail, with the thermometrical readings; and he notes that they were kept under observation as long as the thermometer gave any indication of a tendency to relapse, whether the patient was or was not sensible of an aguish disposition. Ipecacuanha was the only remedy used, for the most part in grain-doses every three or four hours. There were nine "recurring cases", but in only one did more than two chills recur after beginning the medicine. Four cases had only one chill after resuming the ipecacuanha. In thirteen cases, no chill was experienced after the exhibition of the remedy. It is particularly noted that, when dysenteric symptoms co-existed with those of intermittent fever, they were promptly suppressed by large doses of ipecacuanha. Dr. Woodhull has a theory as to the action of the drug. He regards it as a nerve-stimulant, especially to the ganglionic system. Into this question I do not mean to enter here. The suggestion I beg respectfully to offer to medical officers who have to treat "Malta fever" in its "home", is to give this drug a fair trial in the manner used by Dr. Woodhull. I have long been anxious to see a fair trial given to ipecacuanha in the treatment of the early stages of typhoid fever pure and simple, not for the sake of its emetic properties, but for its power as a blood-depurant. There is abundant evidence that the functions of the liver are much disordered in the early stages of "Malta fever"; and I have elsewhere shown that ipecacuanha is one of our best and safest remedies in acute hyperæmia of this gland. I ask for a fair trial to this method of treatment with confidence, because, if it fail, it is not likely to do harm, or to expose patients to the smallest risk or even inconvenience.

MALIGNANT DISEASE OF BOTH OVARIES.

By M. CHARTERIS, M.D.,

Physician to the Glasgow Royal Infirmary.

A. M., a female aged 21, was admitted into the Glasgow Royal Infirmary on March 27th. She had been sent from a neighbouring mining town to the Maternity Hospital, under the idea that she was pregnant, and was transferred from there to the Royal Infirmary. Her history was as follows.

From the age of fourteen, she had been a prostitute; and she stated, without a blush of shame, that she had often had connection with three or four men in a night. Fifteen months ago, she had a child, which died shortly after birth; and since then she had never been well. As soon as the lochial discharge ceased, having no friends, and no other means of subsistence, she commenced again her calling, and continued at it until two months previously to her coming to Glasgow, when she caught a cold, and noticed her feet and legs swelling; and a pain which had existed in her right side since her confinement became greatly aggravated.

Her symptoms, on admission, were as follows. Her appearance was pale and pasty, with facial palsy of the right side. Her feet and legs were considerably swollen. Her abdomen was distended. On percussing it, dulness was detected over the right iliac region, which became more defined when she lay on the opposite side. What this dulness was due to gave rise to some difference of opinion. By some it was considered to be caused by the ascitic fluid gravitating to the side. Others suggested that it was an enormously enlarged liver: an opinion which her previous dissipated career somewhat favoured. On a subsequent day, however, and on more carefully percussing the region, it was found that the dulness was distinct from the area of hepatic dulness, though this was considerably increased, and was incompatible with the supposition of its being simply ascitic, from the fact that the dulness, though not so well defined in some positions as in others, was never entirely absent from one particular spot in the iliac region. An obscure, ill-defined, dull percussion-sound was also found on the left side of the same region. On examining with the speculum, the introduction of which caused great pain, the os uteri seemed normal. The sound was inserted; and, so far as could be judged, nothing was found wrong with the uterus. There was, however, a purulent discharge from the vagina, which was considered most likely to be of gonorrhœal origin. The urine was albuminous; and, under the microscope, tube-casts were seen in great abundance. The respiratory and cardiac systems were at that time healthy. Her digestion was greatly impaired. She had little

appetite for food, and very frequently, though not constantly, vomited what she was able to take. Her most urgent symptom from her admission to her death was the great pain she had in the right iliac region—a pain increased on the slightest pressure, not confined to the spot touched, but spreading down the thigh on the inner side. Latterly, the pain became most intense, and was aggravated by pleurisy of the right side, with subsequent effusion. She died on April 18th, twenty-three days after her admission.

I am indebted to Dr. Foulis, the Pathologist to the Royal Infirmary, for the following report of the *post mortem* examination; and to Dr. Whitaker for the woodcut, which admirably depicts the position and appearance of the tumours.

The abdomen was distended; the legs cedematous. On opening the abdomen, about two and a half pints of turbid yellow fluid was found in the peritoneal cavity. The stomach was contracted, containing a small quantity of yellow fluid. The liver weighed 4 lbs. 7 oz.; the tissues friable. The kidneys were large, weighing ten ounces each. The capsule was not adherent; the surface was smooth and glistening. The colour was pale yellow, mottled here and there with red streaks. On section, the cortical substance was enormously increased; its prevailing colour yellow, mottled with red. The pyramidal substance was of nearly natural appearance. The ovaries were converted into large oval tumours of nearly equal size, six inches long by three inches broad, of a mixed colour, pale salmon mingled with slate colour. The surface was quite smooth, but overlaid in many parts by a layer of firm organised lymph. On section, the surface was smooth and glistening. It was of a mottled yellow and pale brown colour. The fimbriated extremities of the Fallopian tubes were also affected with the same change of structure, though in a much less degree than the ovaries. The uterus was small, not altered. The heart was not abnormal in size. The ventricles were contracted, and contained only a small quantity of a pale clot. In the pericardium were about two and a half ounces of clear reddish serum. In the right pleura were about two pints and a half of turbid yellow fluid; the right lung was compressed against the upper and back part of the pleural cavity. The lower lobe of the right lung was non-crepitant. The left lung was congested. The brain was natural. The spleen weighed five and a half ounces; its structure was soft, and of a dark plum colour. The microscopic examination of the tumour showed a structure of groups and masses of round cells, with a loose interlacing stroma. The structure was that of the round-celled sarcoma.

It will be seen that the structure of the tumour was that of the round-celled sarcoma, which, doubtless, must have increased with amazing rapidity. As previously mentioned, the woman had a child fifteen months before her death, so that the tumours had been formed subsequently to that period. That the tumour in question is extremely rare will be evident from the fact that Rokitsky does not even allude to a case of the kind. Virchow mentions having seen one, and records it as being of the greatest possible rarity, and that it invaded both ovaries. Kiwisch has seen two cases. Of English authors, we find Mr. Spencer Wells, in his last edition of his work, 1872, stating that, until the present year, he doubted their existence, but since then he had seen two distinctly characterised, and taking their origin in the ovarian tissues. In both cases, the right ovary alone was affected. In one case, the tumour weighed nine ounces; in the other, four pounds and a half.

Dr. Wilks, in the *Transactions of the Pathological Society*, vol. x, gives a detailed account of the case of a girl, aged 19, who died under Dr. Addison's care in Guy's Hospital. In this case, the ovaries seem to have been both affected, and the disease also invaded the pyloric half of the stomach. The tumour seems to have been of a fibroid character.

My colleague Dr. Scott Orr has kindly supplied me with the manuscript of a case which came under his care in 1861. It will be observed that, in many particulars, it bears a very striking resemblance to the one I have narrated.

"A poor girl, aged only 18, was admitted into the Royal Infirmary in the winter of 1861. She had only been a few months ill; and yet, on her admission, her abdomen was greatly distended by a large firm swelling, which gave her the appearance of being about seven or eight months pregnant. She was tolerably plump and healthy-looking when first admitted; but soon her sufferings became so great, and she was so wasted with hectic fever and pain, that she quickly assumed the well known cachectic appearance of confirmed malignant disease. I had little doubt from her history that the disease was ovarian, and of a malignant character. On examining her *per vaginam*, however, I was not a little puzzled to find, filling the whole pelvis, a large irregularly nodulated tumour, having the hard scirrhus feel of a carcinomatous uterus. The os uteri was with difficulty reached. It was tilted forwards towards the symphysis pubis. The question now came to be, was the abdominal tumour connected with the supposed uterine swelling, or were there two distinct tumours: the one uterine, the other ovarian. I lean to the latter opinion, believing that such malignant ovarian growths may be associated with like degenerations of other organs. The patient soon sank, and died worn out with exhaustion; and an opportunity was afforded of ascertaining the true condition of morbid parts. One ovary was found loose and unattached, floating among the bowels, enlarged fully to the size of a child's head. The other was not quite, but very nearly, of equal size. It filled the whole pelvis, into which it was pushed down, and pretty firmly attached; and it was its irregular nodulated surfaces which had been felt during life through the vaginal parietes. The structure of the tumours was truly malignant, presenting the soft hair-like character in many places, while in others suppuration had taken place, and in others the hæmorrhagic character revealed itself, as seen in fungus hæmatodes. The uterus was small and contracted, free from disease, but displaced forwards, its os lying as I had felt it during life. It is worthy of notice, also, that the liver was found to be largely infiltrated with cancerous disease.

"These appearances fully explained all the poor girl's sufferings, for they displayed an activity and acuteness of morbid action which could not have gone on without great pain and distress. The early age at which this malignant form of ovarian disease was developed was surely a very peculiar feature in this instance, and it struck me very forcibly at the time, being the only case of cancerous degeneration of the ovary with which I remember to have met."

REMARKS.—In Dr. Scott Orr's case, it is not particularly noted what occupation the girl had; but with regard to my own case, this was very evident. It is probable that the kidneys were first implicated, as their large size and weight abundantly evidence. Albuminuria and a debilitated constitution resulted. Then the girl's mode of life necessitated great ovarian irritation. What part the ovaries play in sexual intercourse, no one can tell; but that they hold an important one, no one will attempt to deny. With a reduced constitution, the woman plied her unhappy calling, and the constant irritation probably originated the form of cell-growth described. The fact that both ovaries were affected materially assists this hypothesis. The woman, it may also be mentioned, seemed, both in her conduct and conversation, to savour more of the lower animal than of the woman. Her talk was such as to disgust nurses and patients; and, latterly, we were obliged to put her into a side room with a typhoid fever patient, who, on the second day afterwards, begged to be placed in the general ward, and to be freed from her society.

ON THE NATURE AND TREATMENT OF ALOPECIA AREATA (AREA CELSI).*

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AMONG the many cutaneous affections met with in practice, there are few, I believe, that have received more attention from the profession of late than the above. Numerous writers have done much to enlighten us as to the true nature of this disease, especially Jenner, Hutchinson,

* Celsus, *De Re Medicâ*, lib. vi, cap. iv.