ence will dispute. What, then, are the characteristics of such a climate? Lind, an old but very good authority, thus vividly describes them: "The first proof of an unhealthy country is a sudden and great change in the air at sunset, from intolerable heat to chilling cold. This is perceived as soon as the sun is set, and for the most part is accompanied with a very heavy dew. It shows an unhealthy swampy soil, the nature of which is such, that no sooner the sunbeams are withdrawn than the vapours emitted from it render the air *raw, damp, and chilling* in the most sultry climates; so that, even under the equator, in some unhealthy places, the night air is cold to an European constitution."

Dr. Maclean will, no doubt, admit that this is an accurate description of the climate of the Gold Coast. Here, then, we have the predisposing cause of climatic fevers, viz., intense heat by day, followed by the damp chill atmosphere at night, exposure to which is generally the exciting cause of these diseases. An officer, who held a very important position in the late expedition, says: "What kills people on the Gold Coast is cold"; and adds: "We always find that some distinct act of imprudence producing chilliness has preceded fever in this country." This is not the testimony of a person whose views are biased in favour of the "chill-theory". On the contrary, this officer, who was himself attacked by fever on taking a cold bath after a walk, thinks that the nauseous penetrating smell, which proceeded from the decay of the marshy vegetation, and by which his clothes, etc., were pervaded, must have been associated with some malarial poison. So difficult is it to escape from the influence of impressions once formed.

If so-called "malarious" fevers occurred only in swamps, and only where the odour of decomposing vegetation existed, there would be good reason for connecting the foul smell with the fevers, as cause and effect. There is, however, no disputing the fact, that these diseases prevail not only where there is no smell, but also where vegetable decomposition is impossible. One condition only is always present, and that is chill!

I need scarcely point out, that no poison or other agent, which does not exist *whenever and wherever* these diseases prevail, can possibly be the exciting cause of "malarious" fevers; unless, indeed, the causes be many.

In my work on this subject, many instances are quoted, and I could mention many more, in which these fevers have occurred in the absence of vegetation, living or dead; where the soil is utterly sterile, and the ground undisturbed; where the drinking-water is faultless; and even on board ships far out at sea. Moreover, I have demonstrated, that the disorders referred to do not prevail in the presence of any of the conditions, hitherto supposed to produce them, unless these are associated with some influence capable of abstracting heat from the body. Still further, I have shown that the severity of these fevers is in proportion to the previous exposure to a continued high temperature; and that, owing to this, in cool climates they are mild, and in hot climates severe. I think, therefore, it cannot with justice be said that I have failed to explain the nature and origin of the fevers which prevailed in the force on the Gold Coast.

In conclusion, I fully agree with Dr. Maclean as to the very severe form which climatic fevers often assume, and as to the great mortality caused by them. The gravity of the subject, however, should serve to stimulate inquiry. How else is the truth to be established?

I fail to see that anything but advantage can ensue from the exposure of the untenable nature of a theory which utterly fails to account for the origin of these diseases; and which, by diverting attention from the real cause (as at Hong-Kong), tends to prevent the adoption of rational measures for their prevention.

ON A RARE FORM OF INFANTILE PARALYSIS (?).

By J. MEREDITH, M.D. Edin., Wellington, Somerset.

TOWARDS the end of the year 1873, when I was civil medical officer of the town and district of Pooree, Bengal, a case which I have designated as above, was brought to me at the public dispensary of the town as an out-patient. The history was briefly as follows.

A boy named Muria, aged about five years, son of a washerman residing in the town of Pooree, was stated to have been well and healthy until he was nearly four years of age. He could talk, play, sleep, use his hands, etc., like any other child of his age. At this period, he had attacks of the endemic fever of the country, enlargement of the spleen followed, then convulsions, and he was for some days unconscious; during these days, his upper extremities became paralysed, and had remained so. His lower limbs were not affected. When the fever and unconsciousness passed away, the boy was left a

mute, having lost all power of articulate speech; although able to cry and to make various noises.

The boy when brought to me appeared healthy and strong, with well formed limbs and in good condition. His head might be taken as being a little larger than usual in children of the same age belonging to his race, particularly in the transverse occipito-parietal diameter. On each temple he had a large scar where he had been cauterised, according to the native fashion, by a cow's tooth heated in the fire; these marks, however, surmounted a merry laughing face. The boy could put out his tongue straight, and without any tremor or apparent want of control. His sight and hearing were perfect, as was also the sense of touch in every part of his body. The curious thing about him was, that he could not endure the sound of coughing. Whenever any one coughed near him, he would generally fall down and become unconscious for some seconds of time; I say generally, because after undergoing an attack, he could endure the sound for a certain time without again being paralysed by it.

While I was looking at the boy, some one coughed near him, and at once he fell in a sitting posture on the floor as if shot, with his head bent forward, his eyes glazed and fixed, his mouth a little open, and saliva trickling out of it. Both arms were rigidly thrown out before him; the hands and fingers a little bent; all, however, quite rigid. There were no convulsive jerkings in any part. He was evidently completely unconscious, and remained so for some seconds; then he recovered himself, looked round at the bystanders, smiled, got up and began playing about the ward as he had done before. The boy was not, however, affected by the sound of his own cough, and he coughed strong and hard at times. Some one stated one day that other noises besides coughing would throw him into a fit, but could not say what kind of noise. To test this, I had him taken through the native bazaar where, I fancy, well nigh every variety of sound is heard. The piping shrieks of elephants, barking of dogs, beating of drums, shouts, and cries; but none of them affected the little patient further than amusing him for the time. In short, after trying him with every form of sound I could discover, I found that nothing affected him except a cough. A make-belief cough was hardly successful either, while a real catarrhal one seldom failed to paralyse him.

He came to me in the beginning of November 1873, and was given five grains of bromide of potassium thrice daily. On the 29th of the month his condition was as follows. "He cannot now be made to fall by a cough; he only stops suddenly if he be moving, and puts out his arms straight from the shoulders, the palms turned upwards. Yesterday and the day before, his friends say that he did not fall once when coughed near, either intentionally or accidentally; he only stopped with a start, and put out his arms as if to ward off danger. His face became grave and serious for a second or two; after that, all was right again."

He had never used his hands to feed himself since his illness, and various means were tried to induce him to do so, but to no purpose; he seized his food directly by his lips or teeth. He could put his hands up to his face as he rubbed his eyes when he cried, but he was incapable of deliberate co-ordinate action in this respect.

The next note taken of his case was on December 4th, when he appeared as lively and cheerful as ever. He had had no falls since last entry; was only staggered as above mentioned. While examining him on this day, the hospital assistant happened to cough just behind him. At once the little patient's attitude became fixed, his eyes assumed a glazed appearance, his face looked grave, his left arm was jerked out to full extension, with the palm turned upwards; the right flexed at the elbow with the fist resting near the axilla. He stood thus for some seconds; then recovered, looked round rather confused, not knowing whether to cry or laugh; but the latter inclination prevailed, and he was soon running about the ward in his usual manner.

December 28th. The boy on this date was said to be worse again. He had not been regular in his attendance, nor taken his medicine of late. He had had several falls, besides being staggered frequently. On December 31st, I had an opportunity of showing the case to Deputy Surgeon-General Buckle, C.B., of Calcutta, and some non-professional friends. Three attacks were induced in the usual way by coughing in his presence; and that within a very short space of time. The boy happened to sneeze at the time; and by this he was staggered, and reeled nearly to falling. I lost sight of the case early in January 1874, as he ceased to attend at the hospital.

The boy's father was a blind old man, and had a troublesome cough, due to chronic bronchitis, and as he and his boy were much together, the little one's peculiar sensitiveness was often put to sore test. Even at night during sleep he was thrown into attacks nearly as bad as when awake and running about in the daytime. His attacks during sleep were nearly always due to his poor old father's chronic cough.

During one of these, he was thrown into a tense condition of the whole body, but more especially of the upper part, and remained so about his usual length of time, then passed into his natural sleep again without once awaking.

There is but little to add by way of comment on the case. It is like nothing that I have either seen or read of before, as far as my memory serves; and I refrain from offering an opinion as to the nature and situation of the lesion causing so peculiar a disorder.*

The case seemed certainly to improve under the administration of bromide of potassium, and I had some hopes of its ultimately much improving, if not recovering, if the boy could be separated from the irritation which was so embarrassing to him, and be persuaded to persevere with his medicine.

THERAPEUTIC MEMORANDA.

TREATMENT OF WHOOPING-COUGH WITH CARBOLIC ACID VAPOUR.

IN No. 764 of the BRITISH MEDICAL JOURNAL, page 229, I find a report of a paper read by Dr. Robert J. Lee on Whooping-cough and its Treatment with Carbolic Acid Vapour. I beg you will compare this report with the enclosed paper, from which you will find that I used, in the summer of 1873, the steam of a solution of carbolic acid in water (1½ to 2 parts of acid in 100 parts of water) for inhalations three times a day, with perfect and speedy success, in the treatment of whooping-cough. The same inhalations may also be used with great advantage in other affections of the respiratory organs.

I am fully persuaded that Dr. Lee arrived at his almost identical treatment by original research, and I am glad to hear that he confirms the statements which I have made. Not so much for the purpose of claiming priority, but for the mutual confirmation of our observations, and for the sake of effecting a more general introduction of a treatment alike simple and effective, and which may save many lives, I wish that my paper may be noticed in your JOURNAL.

DR. BURCHARDT, Oberstabsarzt and Lecturer at the University of Berlin.

ESERINE DISCS IN TIC.

IN the JOURNAL of October 31st, 1874, I published some cases of tic treated by Calabar bean, and then expressed a wish that I could obtain gelatine squares containing physostigmine (or eserine). Through the kindness of Sir J. R. Cormack of Paris, I got a number of discs for trial, and have since obtained a supply from the Messrs. Squire of Oxford Street (to whom I am much indebted). Discs containing one twenty-fifth of a kilogramme (.0006 grain) do for the purpose, one half being sufficient as a rule to remove tic which has no persistent cause, in from five to fifteen minutes. The discs are made by H. Duquesnel (late Vée), 42, Faubourg St. Denis, Paris. I may mention that, since October, I have used extract of Calabar bean with advantage as a sudorific in cases of incipient bronchitis, congestion of the liver, phthisis with dry hot skin, etc., being always able to bring down the temperature two or three degrees, when sufficient doses were used; such dose being for an ordinary adult, one-fifth, or at least one-sixth of a grain, as a minimum, which can be safely repeated every four to six hours till the desired effect is produced, so long as the patient is carefully watched. I may remark that the exceedingly small doses required to act in tic of the eserine (1-3200th of a grain) are a striking fulfilment of the prophecy, so to speak, written by Sir R. Christison exactly twenty years ago (*Edinburgh Medical and Surgical Journal*, July 1855), that Calabar bean would yet be found to contain a poison more powerful than any yet known.

W. MUNRO, M.D., C.M.
Cupar Fife.

BISMUTH AND CREASOTE IN INFANTILE VOMITING.

THE present epidemic of diarrhoea has furnished us at the Birmingham Children's Hospital with a large number of cases, in which vomiting has seemed a more than usually frequent and troublesome symptom.

Purgatives or ordinary astringents being either premised or contra-indicated, a valuable remedy is known in quarter or half drop doses of dilute hydrocyanic acid, with a grain or two of soda in camphor or dill water. But in severe cases with much depression, and in many cases as an alternative treatment, bismuth and creasote together will be found

* The name by which I have designated this case is open to one great objection—namely, that in paralysis there is observed wasting of the limbs, whereas there was none here.

extremely good. They may be well combined by dropping a minim of the liquid first upon a small quantity of magnesia, rubbing up with eight grains of subnitrate of bismuth, and dividing into four powders; for elder children, into two. They should be freshly prepared for use, and to infants given gently on a moistened finger-tip every three, four, or six hours. In the intervals, my cases generally get a little saccharated lime-water with milk. This plan I have proved now for several years with much success. It is not more infallible, perhaps, than others, nor will it supply for the carelessness or bad hygiene of poor mothers, but, over some approved remedies, it has this vast advantage, that it can do no harm.

EDWARD MACKEY, M.D., M.R.C.P., Birmingham.

REPORTS

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

GUY'S HOSPITAL.

PULSATING SARCOMA OF LOWER JAW TWICE UNSUCCESSFULLY REMOVED: EXCISION OF BODY OF JAW: RECOVERY.

(Under the care of Mr. HOWSE.)

[Reported by Messrs. WRIGHT, PARKE, and JAYNES.]

J. P., AGED 76, a brazier and tinman, residing at Bexley, was admitted into Guy's Hospital on July 17th, 1875. He first noticed a good deal of pain on the right side of his lower jaw about nine months ago. Thinking it was toothache, he had the first bicuspid tooth on that side extracted. Speedily afterwards a small lump began to form on the inner side of the jaw, which increased in bulk until it attained the size of a walnut. He was then admitted into Lazarus Ward, under the care of Mr. Birkett. There was then a large irregular fungating mass growing from the gum, and projecting backwards into the cavity of the mouth. It extended from the canine tooth of the right side, which still remained, as far back as the point where the last molar tooth had been implanted; but all the teeth on that side, from the first bicuspid to the last molar inclusive, were wanting. It appeared to be tolerably movable with the gum upon the bone below.

On January 5th, Mr. Birkett removed the tumour (without chloroform) by snipping it through at its base with cutting forceps. A portion of the gum was then cut away with scissors. The growth was attached at one spot to the alveolar process of the maxilla, which was absorbed to a considerable extent. On section, the tumour was fairly resistant, was of a purple-reddish colour, and only exuded serum on scraping. Microscopically examined, it proved to be made up of roundish cells with clear nuclei and much vascular tissue; but no myeloid cells were detected.

Recurrence took place very quickly; and on the 14th portions of new growth along the alveolus were removed by scissors. This was repeated three times in the course of the following month, but still a piece remained. At the end of this time, the patient became very ill, suffering from diarrhoea, etc. On March 4th, he had a kind of epileptiform seizure; and on the 8th, thinking that he should be better in the country, he left of his own accord.

On April 5th, he was readmitted with a growth about three-quarters of an inch in diameter, attached to the alveolus at the same point as at first. It did not cause him any inconvenience in eating, nor was it ulcerated on the surface; but it was adherent to the cheek; and pulsation, not arrested by pressure on the facial artery, was distinctly noticed in the growth. On April 14th, chloroform was administered, and Mr. Birkett made an incision along the margin of the jaw from the anterior edge of the masseter to the symphysis. By raising the soft parts, the tumour was exposed without opening the cavity of the mouth; but the mental branch of the inferior dental nerve was exposed at its emergence from the mental foramen; and, in hooking it out of the way, some of the branches crossing the tumour were divided. The growth was then removed from the jaw with a chisel, some of the surrounding bone being also cut away. The facial artery was not interfered with during the whole operation; but, in the removal of the tumour, the cavity of mouth was laid open into the wound; it was, however, closed in the ordinary manner with sutures.

Primary union took place along the greater part of the skin-incision; and the gap in the jaw granulated, the pus mostly discharging into the mouth. There was numbness over the right side of the lower lip, owing to the division of the filaments of the mental nerve; but this