remain up for several hours a day. Her diet was fairly varied, but sugar and very starchy foods were forbidden. She took a drachm and a half of sodium bicarbonate every day. The amount of sugar in the urine dropped to 24 grams a day.

During the summer and autumn of 1919 she kept fairly well, and was able to get about the house and garden, but at times complained of pain in her legs due to peripheral neuritis.

In December the pains became more severe, and she had increasing difficulty in walking, and her general health was failing. About December 29th the pain became most severe in the right leg and foot, and there appeared a bulla 1 in. in diameter at the base of the right great toe on the outer side; there was no history of any injury; the bulla was full of dark sanious fluid; the cuticle gave way in a few hours, leaving a raw unhealthy surface. In two days there was a typical trophic ulcer surrounded by a zone of inflammatory oedema. The ulcer slowly increased in area and depth, and the inflammatory redness and oedema spread up to the middle of the dorsum of the foot. The urine contained from 125 to 150 grams of sugar a day; the prognosis was anything but hopeful.

She was kept in bed, and the carbohydrate intake was gradually reduced to a minimum, and fats were also limited; alkalis and *nux vomica* were prescribed. She complained much of pain in the toe and foot at night; for this she took one or two tablets of *omnopon* $\frac{1}{2}$ gr. which gave her great relief. At the onset the whole of the foot was most thoroughly cleaned and painted all over with picric acid 24 gr. to 3j in methylated spirit, and was then powdered with boric acid powder; the ulcer was dressed with sterilized gauze, and pieces of gauze were kept between all the toes; the whole foot and leg were enveloped in gamgee and kept slightly raised.

The ulcer continued to increase; small ones appeared on the heel and between the second and third toes, but quickly healed. By the beginning of February the ulcer had spread round and involved the base of the second toe, covering in all an area of two square inches and extending almost to the bone and upwards in the interdigital space for a full inch. The patient's general health, however, had improved, and the urine only contained 20 grams of sugar a day.

From February 14th the whole foot was cleaned twice a day with methylated spirit, and the greatest care was taken in removing every particle of necrosed tissue from the ulcer, which was then freely swabbed with spirit and filled in with a paste of bismuth carbonate and liquid paraffin, which was removed and fresh used at each dressing.

After a month of this treatment the ulcer ceased to spread, and all the inflammatory reaction around had disappeared; at the end of six weeks slow healing commenced, and continued uninterruptedly until, by the middle of May, the site of the ulcer was completely covered by sound scar tissue and the whole foot was sound. The symptoms of neuritis were much less in evidence.

The patient is now (June 3rd) able to be up most of the day and walk from room to room and go out in the garden. She was fortunate in having a particularly efficient and painstaking nurse; this I think was more than half the battle.

A NOTE ON

A METHOD OF TREATING HAY FEVER AND PAROXYSMAL RHINORRHOEA.

BY

MORLEY AGAR, M.R.C.S., L.R.C.P.,

LONDON.

DURING the past four years my attention has been concentrated on the treatment of hay fever, paroxysmal rhinorrhoea and allied conditions. The results which are being obtained at the present time lead me to believe that great relief can be given to the majority of patients.

The method employed, which so far as I am aware has not been used previously, consists essentially in treating the vestibule of the nose. The vestibule, that is to say, the in-turned skin of the nostrils, is carefully examined for any fissures or sore spots and a note made of their whereabouts; it is then rubbed with an astringent lotion, silver nitrate gr. xxx to the ounce being the solution I generally use. The rubbing is carried out thoroughly and systematically; particular attention is paid to two spots, the first is high up on the outer wall and the second is the floor about half to three-quarters of an inch back from the orifice. No part of the vestibule must be missed, and the nostril must be stretched to open up the folds. I make no application to the mucous membrane, I do not touch it if I can help it, but it is possible that some of the solution goes in further than I intend.

The results up to the present show that all cases of nasal rhinorrhoea treated by this method have been cured; that condition appears the easiest to treat.

Good results are obtained also with patients suffering

from hay fever. This year seven patients were treated about a month before the symptoms were due and have practically escaped. It is true there have been occasional slight "reminders," which, however, merely serve to show that they have not outgrown the complaint. All seven regard themselves as cured.

Some cases of asthma have also been treated, but the results have been less satisfactory, although some improvement has been obtained. In all cases of paroxysmal sneezing and asthma the external auditory meati should be inspected for impacted cerumen, dermatitis, etc. In what may be called extreme cases of hay fever I do not use the silver nitrate at first, but apply an anaesthetic solution to the vestibule and a wide area around.

R. Acidi carbolici	...	...	...	...	...	m iij
Olei menth. pip.	...	...	...	...	...	m vj
Sp. vini rect.	...	...	...	...	...	3 iv

Misce. Fiat pigmentum.

After a few minutes lotio calaminae (U.C.H.P.) should be applied to an even wider area of the face. I should like to draw attention to the manner in which the application of this anaesthetic solution to the nasal vestibule relieves the eye sensations in hay fever and clears up the occasional blurring of vision of which many people complain although they are not subject to hay fever. I believe that the efficacy of the treatment depends upon diminishing the abnormal sensitiveness of the skin.

If a normal person paint the vestibule with the silver nitrate solution he will not experience the slightest irritation nor will any reaction follow. If, on the other hand, the person is subject to one of the diseases mentioned above a reaction of varying intensity will follow. His eyes will water, he will sneeze a few or many times, and both nostrils will run copiously, a milky fluid coming away, and in some cases a cough and temporary feeling of tightness of the chest will occur. The reaction lasts from half an hour to twelve hours.

This convinces me that our aim in treatment must be to lessen the hyperaesthesia of the skin of the vestibule.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MONILIAL GASTRITIS.

A RATHER anaemic woman, aged 42, had suffered for years from ulcer of the stomach, which about three months before seeing me was so bad that her doctor sent her to bed for a month on strict diet. Great relief followed, and soon after she was sent to the seaside for a month. Improvement was steady, and she was now on the way back, staying with relatives till fit for duty. Feeling uncomfortable the day before, she resumed strict diet and called on me. A simple alkaline mixture was prescribed, the diet approved, and rest advised during most of the day.

A few days later I was called in and found that, though only Benger's food was taken, about two hours after there was belching and vomiting of sour matter. Not much was made out by palpation except that there was little or no tenderness. The patient was thin. The mouth was in good order, and the bowels were regular. A little of the vomit taken for examination soon settled into an opalescent fluid with a flocculent sediment. Under the microscope a trace of sediment showed food debris with considerable numbers of yeast cells and moderate numbers of sarcinae and *B. geniculatus*. The last, being presumptive evidence of malignant disease, was quite unexpected, and its association with the other two suggested the transition stage. Even so, after months of careful diet and weeks in which the stomach was not obstructed, it was difficult to account for all this yeast. On getting it in pure culture the yeast proved to be a fermenter of maltose, but not of saccharose—practically conclusive evidence that it was the common thrush fungus in yeast form.¹ Further examination proved that it was *Monilia albicans*, and capable of producing thrush.

In approximately healthy mouths traces of thrush fungus are common enough, and are the sources of infection for sucklings, but mouth contamination could not

¹ BRITISH MEDICAL JOURNAL, 1913, ii, p. 1460.