arranged that it passes under the elbow of the affected arm and slightly raises it. The shoulder and the clavicle are thus slightly raised, and pressure on the nerve roots at the lower part of the posterior triangle of the neck (near the first rib) is prevented; also the weight of the arm is supported and dragging on these nerve trunks prevented. These I regard as points of much importance in the treatment of many cases. Very often the sling is of great service; in other cases it fails; but it is always worth trying, especially if we have a history of the local pressure causes already mentioned. The sling also keeps the arm at rest. All tight braces or shoulder straps should be removed at once, and a waist belt used in place of braces. If the patient is on military service all tight shoulder straps should be slackened or discontinued altogether when possible.

The arm should not be allowed to hang by the side. If the arm cannot well be kept all day in a sling, the hand should be placed in the pocket when the sling is not used, or the arm may be crossed over the front of the chest, the elbow being bent at a right angle, and the hand pushed under the edge of the coat just above one of the buttons. When the pain is very severe and the patient confined to bed, the sling should still be used. The arm may be also supported by pillows placed under the elbow, so arranged as to support the weight of the arm, or to raise the shoulder slightly; and the forearm should be crossed over the chest. In this way pressure by the clavicle on the nerve roots in the posterior triangle of the neck is avoided or diminished. When the neuritis is due to exposure of the neck and shoulders to cold and draught or damp, or when due to diabetes or toxic conditions, the sling may not be of much service, but in some of these cases also it is helpful.

The drugs which I have usually given, and which may be of service, are pyramidon, antipyrin, aspirin. General and dietetic treatment for diabetes or gout will be desirable when the patient suffers also from these diseases. It is always well to cut off alcohol.

Locally, liniment of belladonna, the fluid prepared by rubbing together equal parts of chloral and camphor in a mortar, or cocaine ointment, may be of some service. In very severe cases, opium, morphine, or codeia internally may be required, and, in exceptional cases, hypodermic injections of morphine. This was necessary in only one of my cases. Galvanism and many other methods of treatment have been employed.

Most of my cases, but not all, recovered promptly or improved markedly by the use of a sling, with pyramidon or antipyrin given internally.

FEBRILE URTICARIA.

BY

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Two unusual cases of severe urticaria occurred in the British Station Hospital, Nowshera, N.W.P. India, within a week of each other, and were almost identical in the type and duration of the disease. Both were characterized by a severe and generalized urticarial eruption, five days' pyrexia, and the absence of any of the usual exciting causes of urticaria or inherent tendency to the disease.

CASE I.

A soldier, under treatment for right empyema by drainage of the pleural cavity. The discharge had practically ceased, and

CHART 1.—Rash appeared on the first day, was at its worst on the third day, and disappeared on the sixth.

The ankles and the dorsa of the feet were particularly red and swollen, and here the condition was more of the nature of

angioneurotic oedema than of discrete wheals, and the sensation one of tenseness and pain more than of itch. Pyrexia began on the second day, and reached its maximum when the eruption was worst. The pyrexia and the urticaria declined and disappeared *pari passu*.

Neither dietetic changes, drugs, vaccines, insects, nor any of the usual exciting causes could be traced in this case. No other symptoms nor signs of disease were present, except the almost cured empyema. He had never had an attack of urticaria before and felt quite well as soon as the eruption passed off. He was treated at first with calomel and salines and afterwards with cooling applications, sedatives, and hypnotics, but obtained little or no relief from the intolerable itch.

CASE II.

A medical officer, working in the same hospital, but not in attendance on Case I, was in perfect health when he noticed one morning, five days later, a small white wheal on his forehead, which rapidly grew to the size of a hen's egg; he also felt itching on the parts of his back and shoulders exposed to the friction of the clothing. By next day the eruption had broken out in patches over most of

CHART 2.—Rash appeared on the first day, was at its worst on the fourth day, and disappeared on the sixth.

In the fingers, hands, feet, and scalp, where there is little loose skin, distinct wheals were not seen, but the whole area was tense, swollen, and of a rosy colour. On the fourth day of the eruption the temperature was 103° F. and the urticaria and swelling at its worst. After that it rapidly declined (see temperature chart).

The mucous membranes were not affected, nor was there any sign nor symptom of disease elsewhere. The pulse throughout was of a rate commensurate with the temperature. It was easily compressible and bounding, but not dirotic. The urine was normal; there was no jaundice and the blood count showed a slight polymorphocytosis of 77 per cent., but no eosinophilia.

Treatment was commenced with purgatives. Calcium lactate was given in full doses and adrenalin chloride hypodermically. Cool alkaline baths and sponging, $\frac{1}{2}$ grain doses of morphine, full doses of bromides, were all tried to allay the intolerable itch, but with no success. The patient was driven to walking about in pyjamas in the cold night air, and found that the best way to allay the itching was to keep himself almost shivering with cold.

Again in this case no exciting cause could be found. He had never suffered from such a condition before, but had noticed in the last six months one or two sudden transient attacks of oedema of the nasal mucous membrane with complete stoppage of nasal respiration. Apart from this he had never had any sign of vasomotor weakness or instability.

The symptoms in the two cases were practically identical, and were characterized by five days' pyrexia, by a diffuse eruption partly resembling urticaria and partly angioneurotic oedema, and by intolerable itch. They both occurred in the same hospital within a week of each other, but such cases have never been reported before in this district of India, as far as I know. None of the known causes of urticaria were present, and the questions arise whether it was not more than coincidence that these two uncommon cases appeared so close together in time and place, and whether there might not be some unknown specific infective agent to account for them both.

THE Harvard Medical School has recently received two bequests. One is an anonymous gift of £10,000 for the establishment of the James Melvin Fund for Tropical Medicine; the income is to be applied for purposes of research in preventive medicine. The other is a residuary legacy from Horace Fletcher, the apostle of "Fletcherism," and the income is to be used to "foster knowledge of healthful nutrition."