amongst them one or two women who had signed antivivisection petitions. I did not stop to inquire if they were willing to be saved by practice based upon vivisection; but I should hope to be forgiven. The means by which the necessary knowledge was obtained may, in their particular cases, be condoned by the end to which that knowledge was applied.

I have had the rare opportunity of treating a case of strychnine poisoning. I was called to a gentleman who had inadvertently swallowed a poisonous dose. I saw him within a short time of the accident. He was in the most violent tetanic spasms; opisthotonos was so marked that his body was arched back, and respiration was nearly suspended. Pending the fetching of the nitrite of amyl, the fits recurred at short intervals with unabated energy. I obtained the assistance of a young medical friend, who sat by the bedside, diligently watching, and making the patient inhale nitrite of amyl the moment the premonitory twitchings or facial expression appeared, and always with the effect of averting or greatly moderating the fits; and, to make the evidence complete, when the warning was not seized in time, the fit appeared in nearly its original intensity. This treatment, continued during sixteen hours, resulted in the recovery of the patient. It was impossible to determine with precision the dose taken. We had only the physiological test to satisfy us that he had taken enough to destroy life.

The spasm-subduing virtue of nitrite of amyl has lately been most happily illustrated, in a case of *enclitonnement* of the placenta by hour-glass contraction, by Dr. Fancourt Barnes. This case was published in the JOURNAL for March 18th, page 377.

ACUTE TRAUMATIC MALIGNANCY.

By HENRY B. WALKER, L.R.C.P. & S.ED., Lowestoft.

SOME cases seeming to confirm the theory implied in the heading of Mr. Barwell's paper in a recent number of the JOURNAL, have fallen under my notice, and may be interesting.

CASE I. Mr. H., a master mariner, aged 53, was always healthy until fourteen weeks before death, when he was struck violently in the right hypochondrium by the shaft of a cart. The blow felled him, rendering him insensible, and it was some time before he could be removed to his own house. Here he was laid up for two days, and, though feeling "very sore and ill", he then started in charge of his ship on a trip to Sunderland. During the voyage, he was in much pain, and on his return to Lowestoft was again laid up at home; feeling better after some rest, he took another voyage, but was so ill that he had practically to give over the command to his chief officer, and when he reached port, to place himself under a doctor's hands. His symptoms were frequent vomiting, complete loss of appetite, and intense pain in the region of the liver, shooting across the epigastrium. He was much bruised, and very tender. I saw him on his return to Lowestoft, and he was then very ill, with high temperature, thirst, constant vomiting, and wasting. On examining the abdomen, I found there was some remaining sign of the bruise—discoloration, etc.—and he was extremely tender all over the region of the liver in front, the tenderness extending to the left hypochondrium and down nearly to the navel. I could not detect any sign of enlarged liver, but there was some jaundice, with pale stools and constipation. A fortnight later, his condition becoming gradually worse, a well defined hard and tender bossy mass with rounded edges, under which the fingers could be passed, was found projecting below the ribs (at a point which would be intersected by a line drawn perpendicularly from the anterior superior spinous process of the ilium), and extending well into the left hypochondrium. This mass, which was taken to be liver, extended downwards and to the left side, till it filled the abdomen in front to a level with the umbilicus. Its extreme hardness, and the constant presence of sharp lancing pain, together with the cachexia accompanying it, led to a diagnosis of malignancy, which was confirmed by an eminent consultant. Towards the last week of his life, the patient vomited a quantity of blood, containing pyriform and oval multinucleated cells. After the last hæmorrhage, the patient died exhausted.

I could get no *post mortem* examination, but there was no doubt in the minds of three medical men as to the nature of the disease, and it was believed to be carcinoma of the liver, invading the stomach secondarily. There was no history of malignancy in the family, though several members had died about the same age as my patient. No history of dysentery or syphilis was attainable. I may state that both the patient and his friends assigned the accident as the cause of his illness, and certainly facts seem to warrant them in doing so. He certainly never recovered the effects of his bruise, had not complained before, and died fourteen weeks after he received it.

CASE II. Mr. F., a farmer, was out shooting; and, while he was trying to force his way through a hedge, a thorn penetrated his trousers and wounded his prepuce, causing blood to flow. He took little heed of it at the time; but a few days later, feeling some heat and uneasiness, he found swelling and irritation about the wound. This rapidly increased, and he then consulted his medical man, who advised certain remedies. The penis grew worse, and the whole glans presented a mass of carbuncular hardness in a short time, and was very painful. An incision into it giving no relief, and suspicion being confirmed on consultation, the penis was amputated, and the growth proved to be an epithelioma. This was only a few weeks from the date of injury.

CASE III. A gentleman rode to hounds, mounted on a very broad-backed horse, and in the evening felt the inner side of his left thigh stiff and sore. The stiffness persisted, and was followed by a slight fulness, and finally by a well defined tumour about the size of an orange, nestling amongst the deep muscles of the thigh. This was removed by operation, and proved to be a small spindle-celled sarcoma.

CASE IV was related to me by a lady whom I was attending in labour. Her brother was playing football, when he received a kick on the shin. This led to severe inflammation, which laid him up for some time. On apparent recovery, a hard swelling remained on the tibia, which soon began to cause pain and enlarge. As it increased and bore suspicious characters, the limb was amputated at the knee-joint, but the growth recurred, and the patient lost his life. I asked the lady what the growth was, and she said, "The doctors did not call it a cancer, but by a queer name—'sarcoma'".

In all the foregoing cases, the patients confidently referred to their injury as the cause of their trouble; and in all except the last, I can state that minute inquiry failed to trace a family history of malignancy. In the last case, I have no note on this subject, and therefore cannot speak with certainty, but I believe I was assured that such was the case in this one also.

A DISPLACED LEUKÆMIC SPLEEN, CAUSING OBSTRUCTION AND DEATH.

By M. COLLINS, M.D., Scarborough.

ON February 15th, I received a message to "come at once and attend K.P., who was in labour." I found the patient, aged 36, very much emaciated, and presenting a peculiar but very suggestive waxy appearance. A quick and feeble pulse, dyspnoea and urgent fecal vomiting, had set in already. The os was patulous, so as to admit the examining finger readily: the posterior lip was hard and nodulated. Otherwise the uterus was in its normal unimpregnated condition.

On inspection, the abdomen appeared to be as large as at the sixth month of utero-gestation; but by manipulation, I could detect a solid mass in the left inguinal, and half the left lumbar regions. Its upper margin was sharp and well defined, corresponding to a line drawn from the umbilicus to the crest of the ilium. The right lumbar and inguinal regions were tympanitic. The liver was visibly enlarged, projecting below the ribs, and filling up the left hypochondriac region.

That there was neither labour nor pregnancy, was manifest; and it was equally evident that the patient was *in articulo mortis*. As the hand of death was upon her, I deemed all operative interference imprudent. Enemata, draughts, etc., were administered, but in vain. She died within forty-eight hours.

The patient died, as she had lived, in the belief that she was *enccinte*; for the patulous condition of the os, pain, a gradually increasing abdominal tumour, etc., led a certified nurse to an erroneous diagnosis. I could not dissuade either from their mistake. The nurse stoutly and rudely maintained that the patient was *de facto* in labour.

Post Mortem Examination.—On opening into the abdomen, I found the spleen filling up the left inguinal and half the left lumbar regions. Its internal surface was uppermost, and its external undermost. The gastro-splenic and suspensory ligaments were elongated. The spleen weighed two pounds and eleven ounces. Its external surface was traversed from above downwards by a well marked fissure, which gave the organ a bilobed appearance. On section, considerable resistance was offered to the knife by a thickened capsule and trabeculae: it presented a bloodless, homogeneous, reddish-brown appearance. The intestines and omentum were pushed to the right side, and those lying contiguous to the spleen were dark and considerably congested. Part of the descending colon and sigmoid flexure were pressed upon; and the latter was atrophied to about the size and thickness of the finger of a glove. There were some seybala in the colon. The uterus was normal, with the exception of a patulous os and nodulated posterior lip. A small abscess, nearly as large as a pigeon's egg, was found in the left broad ligament. It contained about a drachm of horribly offen-

sive pus. The liver weighed five pounds and five ounces. From its cut surface a greyish-white infiltration could be squeezed out. This whitish fluid, as pointed out by Virchow and Böttcher in leucocythæmic cases, consisted of closely packed free nuclei and small cells. The naked eye appearance was remarkably purulent. Section of the kidney gave a somewhat similar material, which, however, more resembled thickened greenish pus. The lymphatic glands were not appreciably enlarged. I did not then examine the blood; but when I sent for some after a little time, the cadaver was removed to its final resting-place.

No reliable history of the case was obtainable. It was said that her circumstances were somewhat straightened; that she suffered hunger and privations at times; severe and prolonged trials for years. Her appearance was always cachectic. The pain in her side dated from a fall (uncertain) or some sudden exertion (?) months previously. It is probable that a fall was the starting-point in the displacement of this leukæmic spleen; and then that its own increasing weight, with that of the superincumbent enlarged liver, caused it to be jammed deeper and deeper into the pelvis, till gradual pressure on the sigmoid flexure ended in obstruction and death.

SALICYLIC ACID TREATMENT CONTRASTED WITH OTHER REMEDIES IN THE TREATMENT OF ACUTE RHEUMATISM.

By JAMES RUSSELL, M.D., F.R.C.P.,
Physician to the Birmingham General Hospital.

THE following observations are based upon 90 cases of acute rheumatism; 35 (uncomplicated) having been treated by remedies in use before salicylic acid, 55 treated by salicylate of soda or ammonia. The circumstances of the cases are alike in all.

I compare the two groups (1) with reference to the number of hours occupied by the temperature in dropping to 99°; (2) with reference to the respective stay in hospital.

1. In 35 cases treated by various remedies (uncomplicated) the average number of hours occupied in the temperature falling to 99° was 248; the extremes, 12 and 1,056 hours. The average stay in hospital (27 cases) was 39 days.

2. The cases treated by salicylate salt must be subdivided into (a) 43 cases in which the remedy acted successfully; and (b) 12 in which it failed; but, as in 4 the failure probably resulted from imperfect administration, the number of failures must be reduced to 8.

(a) In 43 successful cases, the average number of hours in temperature reaching 99° (39 cases) was 38; the extremes were 6 hours and 72. In 16 cases, it was 30 hours or fewer. The average stay in hospital (37 cases) was 38 days; the extremes, 10 days and 138. The reduction of the local symptoms, particularly of pain and heat, generally kept pace with the decline of temperature, or even anticipated it. In 20 cases, it is expressly stated that the relief of pain was effected within 24 hours; the same thing probably occurred in others. In 4, it began with the first dose. Hence, whilst the average residence in hospital was hardly lessened by the salicylic acid, the period was passed in comparative immunity from the symptoms of the disease. The duration of residence was determined by relapses, and also by the need of caution in guarding against their occurrence. Of the 43 cases of successful treatment, a relapse occurred in 11; a second in 4. In all, the relapse was brief and speedily controlled. The duration of the salicylate treatment strikingly attests the varied character of the disease. Taking 22 cases in which no relapse had occurred, the number of days during which the remedy had been given varied between 2 and 17. In two cases of relapse, the salt had been taken for 19 days.

(b) In 8 cases, the remedy failed. They were severe. The average residence in hospital (6 cases) was 75 days. One death occurred. Four patients were abnormally neurotic.

Accidents.—Of the 55 cases in which the salicylate salt was given, vomiting occurred in 9, chiefly after doses exceeding 10 grains. Delirium occurred in 6; in 2 it was protracted, but was free from alarming element; in 1 it was followed by death.

Two deaths have occurred whilst the patient was taking the medicine. One was in a boy, aged 15, of weak intellect, who had been taking ten grains every four hours with great relief, and without any sign of disagreement except slight vomiting for six days. After screaming through the night, without apparent cause, he died suddenly in the morning; temperature 99.6°. The lungs were highly oedematous, and much congested. The right auricle was gorged with blood. In the second case, a man of nervous temperament had taken ten grains every two hours for two days without relief. The dose was then doubled, and two days after was raised to 25 grains. The rheumatism was re-

lieved, and the dose was lowered to 12 grains on the same evening, and to 8 on the following morning. He had been depressed and delirious through the night. The delirium continued severely through the day, and he died suddenly in the night; the temperature, which had sunk to 100°, rising to 111.5° immediately before death. The right side of the heart was moderately full of dark tarry blood; considerable ecchymoses under the serous membranes.

Among the 43 successful cases are 5 of pericarditis, in all but 1 slight and of brief duration. In 3, it preceded the remedy; in 1, it was discovered on the day after commencement; in the fifth case, severe and ultimately fatal pericarditis set in three days after the rheumatic symptoms had been removed by the salicylate.

OBSTETRIC MEMORANDA.

PUERPERAL ZYMOSES.

A VERY painful case has, within the last few days, come under my notice, which illustrates many of the points ably laid down by Dr. Braxton Hicks in the JOURNAL of March 25th. Mrs. B., a lady, aged 26, was attended in her second confinement by her regular medical man, who was a friend of mine. For several days all went on well; then, all of a sudden, without any apparent cause, her temperature began to rise, and was soon between 104° and 105°. This condition caused my friend considerable anxiety, and an examination of the sanitary condition of the house—one in a row of new ones—was immediately made, with the result of finding sewer-gas pouring up from the sink in the scullery almost sufficient to blow out a candle held over it.

On the next evening, I believe it was, I was sent for in great haste to see the patient. I found her screaming at the top of her voice, and so violent that it was as much as several attendants could do to control her movements by force; in short, she was suffering from an attack of acute mania. By means of chloroform and hypodermic injections, we managed to quiet her, and I then had no difficulty in agreeing with my medical friend—who had diagnosed typhoid fever—as to the cause of these terrible symptoms, the typhoid spots on the abdomen being but too characteristic. The delirium lasted about eighteen hours, after which the patient became conscious and took nutriment well; but such was the fearful exhaustion caused by her condition as described above, that she sank slowly but surely, and eventually died in spite of every care and attention bestowed upon her. Now, surely, it is time the law took cognisance of cases like this. The poor young couple only removed into the abominable house at Christmas, and had they remained where they were, there is every reason to suppose that the wife would at this present moment have been alive and well. Surely something may be done in the way of compelling builders and landlords to produce a certificate from a surveyor or other competent person to the effect that their property is properly drained, previously to a new tenant going in. The public are more careful of their stables in as much as they relate to the health of their horses, than they are of the sanitary conditions of their houses.

W. BARRETT ROVE, M.B., M.S., Physician to the Bristol
Hospital for Children and Women.

THERAPEUTIC MEMORANDA.

RECTAL ALIMENTATION.

IN the course of an able article on the above subject in the JOURNAL of March 25th, Dr. Tyson observes that the coating of cacao butter with which Mr. Slinger endeavoured to improve the appearance of my "nutrient suppositories" was calculated to interfere with their absorption. Whether this be correct or not, I may be allowed to mention, perhaps, that in consequence of a suggestion made to me by Dr. Tyson privately, the suppositories made by Mr. Slinger have now for some months been sent without any coating. The earlier attempts made under my directions were to a great extent failures, owing to the too great dryness of the suppository. The suppositories now made under improved methods are such that, without opium, 90 per cent. of them are retained and absorbed. Messrs. Slinger also make them with the addition of half a grain of extract of opium.

H. E. SPENCER, York.

SNAKE BITES IN THE PUNJAB.—During 1880 no fewer than 968 deaths were registered from snake-bite in the provinces of the Punjab, against 818 in 1879, and 752 in 1878. The deaths from hydrophobia show, unhappily, an enormous increase, the number of victims from this cause amounting to 107, against 69 in 1879; 286 deaths were caused by suicide, and 67 by wild beasts.