on large doses of ipecacuanha from April 26th to 30th on the supposition that there might be some latent amoebic dysentery in the upper part of the large bowel. On examining him again with the x rays, the right arch of the diaphragm was rather high, and moving less freely than the right, so on May 7th exploratory puncture was again performed but no pus was found. Except for occasional slight dragging pain on deep respiration, he remains quite well five weeks after the operation and is about to return to his work. The high leucocyte counts during convalescence were probably caused by absorption of the remaining pus in the abscess.

The main point of interest about this case is that it is such a very different type from the first one, being as chronic an abscess as the former was acute, yet the effect of the treatment was equally prompt and satisfactory.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, September 20th, 1902. ² BRITISH MEDICAL JOURNAL, November 11th, 1905. ³ Indian Medical Gazette, March, 1905.

A CASE OF PNEUMOCOCCIC ARTHRITIS.

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THE following case, which recently occurred in my practice, makes an addition to the interesting series of cases of pneumococcic arthritis compiled by Messrs. Wrangham and Secretan, and published in the BRITISH MEDICAL JOURNAL of April 21st, though unfortunately it was not attended by so happy a result:

A male, aged 40, first came under my notice during the last few days of August, 1905, when I was asked to see him, as he had for some time been complaining of perineal irritation, whilst for a longer period he had suffered from morning retching and vomiting. He was a well-made man, of no occupation, and had been accustomed to free drinking, his average consumption of liquor for at least a dozen years having exceeded four bottles of whisky a week, in addition to which he took beer to his dinner and supper. Up to this date he had been in good health, but on examination I found evidences of commencing peripheral neuritis, and the morning gastric disturbance was of an undoubtedly alcoholic character. With the exception of a small internal pile, and the marks of scratching to relieve pruritus, there was nothing of importance in the perineum, but on examining him again after an interval of three days I found that an acute abscess had developed in the right ischio-rectal fossa. This was opened on September 2nd, and the pus was characteristic of *Bacillus coli communis* infection. He made an excellent recovery, with the addition that, owing to his enforced incapacity and abstinence, he was in much better health at the end of his illness than he had been for years, and he had gained over a stone in weight.

I was again called to see him in March this year, when his landlady informed me that, after his previous illness, he soon lapsed into his former habits, but he had remained well until two days before I was sent for, when he had a shivering. Since that time he had felt generally unwell, and he had that morning complained of an acute pain in his chest. On first sight he was evidently very ill, and I found that his temperature was 104.2° F., pulse-rate 134, and respiratory rate 27. On the next day, April 1st, there were well-marked signs of double basal lobar pneumonia, with an increased pulse rate and respiratory rate, and a temperature ranging between 103° and 104° F. So events progressed until the evening of April 4th, when he was violently delirious, with a small, thready, radial pulse. I was convinced that the delirium was in great part due to his previous alcohol, and, acting on this opinion, I gave him 40 minims of tr. digitalis in a little whisky, and with most beneficial result. Thirty minutes after taking it he was quite calm, and he then slept for six hours, when he was given some nourishment. He again dozed until morning, when he was quite rational, and from that time to the end he was not again delirious.

On April 7th he had a definite crisis. He was extremely weak, but, contrary to my expectation, he had now every appearance of doing well, and he did so until the evening of the 8th, when he complained of acute pain in the right knee, which had commenced that afternoon. The knee was slightly swollen and tender, and, though I suspected a commencing pneumococcic arthritis, there was at that time no occasion for surgical interference, and the joint was fomented and immobilized with great relief to the patient. The condition, however, continued to progress, and on the morning of the 9th the joint was so swollen that the outlines of the synovial pouches were easily discernible, and on drawing off some of the fluid it was seen to consist of creamy "tuberculous" pus. The man was too ill for the administration of a general anaesthetic, so the same day I opened the joint under the local injection of eucaine and adrenalin, and let out 5½ oz. of pus. The joint was irrigated and drained, the operation being quite painless, whilst of course it was done with strict antiseptic precautions. The pneumococcus was obtained from the pus. The pain in the knee was at once relieved, and the patient had a refreshing

sleep, but, despite free oral, rectal, and hypodermic stimulation, he rapidly lost ground until the morning of the 10th, when his pulse rate was over 180, the pulse itself being small, thready, and easily compressible. As a last resort I determined to transfuse him, and to this end I opened his median basilic vein and infused 4 pints of sterilized normal saline solution. There was a marked rallying after this operation, but it was very transitory, and the patient again commenced to sink rapidly. He died the same day.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

A FAMILY INFECTED WITH SYPHILIS.

IN July, 1904, a girl, who had contracted syphilis two years before and had but a few months' treatment, gave birth to an illegitimate female child, which developed universal pemphigus a few days after birth, but recovered. The girl returned to service, leaving the child to the care of her mother, who understood the disease and its contagiousness. Mercurial treatment was not continued more than about six months. In December, 1905, the child had some trouble around the anus and a sore mouth, but it did not come under treatment till January 11th, when condylomata were found around the anus and some stomatitis; there were no cracks around the mouth and the tonsils appeared clear. At the end of January the grandmother came under treatment for an indurated sore on the right side of the lower lip, a sloughing ulcer on the right tonsil, a mass of hard glands beneath the jaw, and bad stomatitis. The sore on the lip had begun about a fortnight before, and she was certain the sore throat had begun at the same time, perhaps before. Within ten days all doubt as to diagnosis was set at rest by the appearance of a universal copper-coloured rash inclined to scale. Upon this a daughter, aged 12, was brought up with a sore throat, which had continued for three weeks without improvement. On the left tonsil was an extensive ulcer with irregular edges, part of it covered with a wash-leatherlike slough, with a mass of glands beneath the sterno-mastoid. Within a few days she developed a rash in colour and extent exactly like her mother's. There was no other external sore.

When the girl's rash developed, a younger brother, aged 7, was sent up with a similar sore throat on the right side. In him also a rash developed at the end of February, but of much smaller extent, almost entirely confined to the chest and back in a few isolated patches. Except the tonsil, there was no other sore.

The baby had been lately fed by spoon, and, after the customary manner of primitive nurses, the food had first been tasted. This would be done more than once during a meal. Both the grandmother and girl had fed the child in this way; the boy had not, but there is the possibility that he used the spoon unwashed.

Each of these patients seemed to have primary sores on the tonsil—an unusual situation—the grandmother having also a coexisting one on the lip.

The point especially to be emphasized is the age of the child—nearly 18 months—when she infected others, and therefore the necessity for lengthened treatment in these children and increased watchfulness for the sake of others.

By the end of April all obvious signs of the disease in all three had disappeared.

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ASEXUAL DEVELOPMENT OF THE *SPIRILLUM OBERMEIERI*.

TOWARDS the end of December, 1905, a series of cases of relapsing fever occurred in the 109th Infantry at Ahmedabad among recruits lately brought in from an outside district; from these infection spread till it was stopped by quarantine measures being enforced.

Numerous blood smears were taken at the time and stained in various ways. The *Spirillum obermeieri* was detected in every case, but only in certain of the slides were the following points observed: The spirilla were mostly lying clear of the red cells and outstretched; often semicircles, knots, or one or both ends forming a small circle were seen, sometimes one end adherent to the rim of a red corpuscle for a short distance, and some-