legs became icy cold, and it was some time ere warmth came back. Of course I suspected gangrene and treated it accordingly. On February 7th gangrene commenced to invade not only the foot but above both knees. On February 8th I met Dr. Parkin again, when it was still spreading up the thighs. There was not the slightest pulsation in either femoral artery. So things went on from bad to worse. On February 24th I had another consultation with my old friend, Mr. Teale, of Leeds. On February 27th septic symptoms set in, there were severe rigors, delirium, etc., whilst nourishment, which up to February 24th had been taken well, now was often refused. On March 1st uncontrollable diarrhoea set in, with occasional vomiting. On March 4th there was extreme tympanites, and from this day nothing but a little weak whisky and water was swallowed in teaspoonfuls only, until the end came on March 10th at 10.30 A.M. The urine was examined from time to time, the last taken two days before death, with the same result; specific gravity 1010. Copious albumen—in a column of urine 4 inches high in the test tube one-half would be albumen of such solidity that if turned upside down it would remain unbroken—no sugar. Before death the gangrene spread over the whole of both lower extremities, whilst from above the knees downwards mortification was complete.

I returned the causes of death: Chronic interstitial nephritis, two years; hypertrophy of the heart, ten months; occlusion of the lower part of the abdominal aorta, causing gangrene of both lower extremities, one month; and consequent exhaustion, six days. I must add that this gentleman was not in any way a drinker, in fact, he was most abstemious, but being an inveterate sportsman, he had over and over again been out shooting his own coveys, and away with friends on wet days, and many a time had never changed his clothes. No post-mortem examination was obtained.

A CASE OF GLANDULAR FEVER ASSOCIATED WITH ERYTHEMA NODOSUM.

By BERTRAM THORNTON, M.R.C.S., L.R.C.P.,
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THERE is a condition of enlargement of the glands of the neck, associated with certain definite symptoms, which is described by Dr. Dawson Williams in Allbutt's *System of Medicine* under the name of "glandular fever" (*Drüsenfieber*).

The clinical history of this disease is fairly familiar, but the causation still remains obscure. The general description of its course and symptoms, however, appears to suggest some constitutional infection. It is, of course, impossible to draw reliable conclusions from an isolated case, but the association of this disease with erythema nodosum in the case I am about to record was sufficiently remarkable to suggest that the poison of rheumatism may have produced both the enlargement of the cervical glands and the erythematous nodules.

G. W., a healthy girl, aged 25, with a family history free from tubercle or rheumatic fever, was accidentally found to have a mitral systolic *bruit* in March, 1899; this was attributed to a vague indisposition in the previous year for which no medical advice had been sought. On November 20th, 1899, the child was suddenly taken ill with stomach ache, severe pain in the neck, followed by enlargement of the glands in the anterior triangle on the left side, and a temperature of 102°. The throat was not then, or subsequently, either inflamed or injected, nor was there any other apparent source of irritation. On the second day the temperature rose to 104°, and the glands on the right side became enlarged. On the fourth day there appeared a few small erythematous papules on the legs, which increased in size and number till the eighth day, when they developed the characteristic nodules of erythema nodosum. Both conditions pursued the usual course, the temperature remaining elevated for

about 26 days, when the nodules disappeared and the glands began to subside. Anæmia was early and marked; perspiration was considerable and of distinctly rheumatic character; at first there was constipation and latterly slight mucous diarrhoea. Convalescence was slow, the debility and anæmia being very persistent, and it was fully three months before the child regained her normal health, the glands on the left side having completely subsided. Sodium salicylate was given on the first day the erythematous papules were observed, but without apparent effect. The marked anæmia and debility that persist after glandular fever are special features of this disease; they are also special

features of the convalescent stages of acute rheumatism. An acute local adenitis due to some obvious lesion in the throat, mouth, or elsewhere is not as a rule associated with such prolonged debility and anæmia, and it is usually unilateral. This leads one to search for some general systemic infection to account for the symptoms. Acute tuberculous enlargement of the cervical glands is, in my experience, not associated with such persistent anæmia and debility. Incidentally I should like to express my opinion that there seems to be too great a tendency to consider that most enlarged cervical glands are necessarily tuberculous; owing to this tendency operations are not infrequently urged before the glands have had a fair chance to subside with the assistance of good food, abundance of fresh sea or mountain air, and bright sunshine. Enlarged glands, whether tuberculous or otherwise, should have, if possible, several months of open-air treatment, unless there is some decided call for operation.

In the particular case which has been described above the rheumatic poison is, to my mind, strongly suggested as the cause of the typical attack of glandular fever; whether it may also be the source of the disease in other cases further observation will doubtless show.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

AMPUTATION WITHOUT ANÆSTHESIA.

IN the BRITISH MEDICAL JOURNAL of March 31st, page 761, is an interesting memorandum under this title from Mr. Jasper Cargill, L.R.C.P.Lond., of Monathie, Jamaica, in which he describes a case of amputation of the leg of a black woman, between 30 and 40 years of age, after the ill-effects of chloroform had passed off, and the natural sensibility had been restored.

Mr. Cargill reports that, on being informed "that the operation would not be proceeded with, and why," his patient calmly said, "Please cut it off, doctor; I can stand it without chloroform." The leg was afterwards removed, dressed, etc., without the slightest movement or the utterance of a groan from the woman.

Now some people may be ready to exclaim that in the negro race there must be some obtundity of sensibility, the colour of the skin indicating a less advanced development, and consequently less resolution or heroism is necessary for the endurance of acute suffering. But is it so? My experience is antagonistic to such a theory.

Unlike Mr. Cargill, my surgical days were in the "ante-anæsthesia," as well as since that wonderful evolution in the science and art of our noble calling; and I remember, after ether and chloroform were known as pain-annihilators, having to amputate the breast of a highly-refined lady of the pallid, nervous temperament, and nearly 40 years of age, who objected to take chloroform, fearing its lethal consequences.

During the operation she never moved and never said "Oh!" but simply compressed her lips. She quietly smiled or said "Thank you" when all was over. Did that lady not feel acutely? Certainly she did; and her suffering must have been intense, but her moral courage was so much under the influence of an invincible petticoat government which regulated all her actions that the operator could only wonder and admire, and wish that she and all such women were the mothers of all the masculine world.

One man I once saw with a kindred nerve, but he was a big athlete who had so injured one of his fingers that I deemed amputation imperative. When told so he replied, "You know best; get to work." I suggested ether, but he would have none of it, and the idea of pain he laughed at with scorn, and kept laughing and joking all the time I was operating, the legitimate minute being prolonged through the splitting of our sympathetic sides.

What is pain? Some of your very philosophic penmen can perhaps tell us, and guess what the people are made of who can suffer and smile at the same moment, and with apparently equal enjoyment or ease.

Hove, Sussex.

D. MACKINDER, M.D., F.R.C.S.E.

IN the BRITISH MEDICAL JOURNAL of March 31st Mr. Jasper Cargill reports having amputated the leg of a black woman below the knee without an anæsthetic. As I too have had to operate