On November 22nd there was marked dulness over the left lung base no doubt due to the presence of pleural effusion. At this time, the pulse was still weaker, and the outlook seemed as bad as possible. The highest temperature recorded on December 5th was 103.4°, and on the 8th it attained 104°. On December 6th it was noticed that the breath had become very offensive, as was also the expectoration, which was thin and muco-purulent. There was loud friction sound in the precordial region, apparently pleuro-pericardial, and at the angle of the left scapula there were some signs of lung destruction over a small area.

During the whole illness, but especially during the last ten days, the patient had been most carefully fed with easily assimilable aliments, and had been freely stimulated with brandy and champagne, but in spite of all that could be done, he appeared to be in a practically hopeless condition.

But from December 18th a distinct improvement was noticeable, the expectoration ceased somewhat suddenly on December 29th, and did not return. His temperature fell and remained normal from January 6th, 1901, and on the 24th of the month he was able to leave London for the seaside. On examination before leaving it was found that there was a loud systolic murmur in the aortic area and dulness and diminished entry of air over the left base.

The treatment adopted was that by salines, quinine, strychnine, and iron, until December 4th. On this day he was ordered sodium sulphocarbolate in 15-grain doses every four hours, and this drug was continued until he became convalescent.

A study of the history of the case and a reference to the course of the temperature render it certain that this patient was the victim of that form of septicæmia which is known as ulcerative (or malignant) endocarditis. Our experience of this disease, in common with that of most observers, is that it is practically almost fatal. Certainly at several stages of the malady it seemed impossible that this patient could recover. That the careful nursing, feeding, and use of stimulants had much to do with the result is, of course, not to be denied, but it is a question if the treatment by drugs had not some influence in this direction. We refer, of course, to the action of sodium sulphocarbolate which was ordered in frequently repeated doses when the patient was at his very worst. It is worthy of notice that not long after the administration of this drug was commenced the patient began to amend, but, of course, to assume that the improvement was the result of the action of the drug would be rash in the extreme.

Nevertheless, it is upon evidence such as this that by far the larger superstructure of therapeutics is founded. Cases have been reported, too, in which the use of antistreptococcus serum in septicæmia has been followed by recovery, and the result claimed as decisive for the virtues of the treatment. We would point out that had the serum been used in this case such a claim would have been equally justified, and yet what a mistake would have been made!

On the whole this case would seem to be more correctly described as one of the extremely rare instances in which this most fatal disease, malignant endocarditis, spontaneously recovered. Without, however, attaching undue importance to the treatment by sodium sulphocarbolate the coincidence, if it be only a coincidence, is worthy of notice, and would certainly emphasise the advisability of the drug being ordered in a similar case.

REMARKS ON A CASE OF INFANTILE SCURVY.*

By JOHN McCAW, M.D., L.R.C.P.,

Senior Physician, Belfast Hospital for Sick Children.

INFANTILE scurvy or scurvy rickets presents such well marked signs and symptoms in the majority of cases that little difficulty is, as a rule, experienced in correctly diagnosing the affection. I have, however, recently seen an example of this disease in which the classical symptoms were all but absent, and an opinion had to be given based upon the presence of one symptom supported by the history of the case.

I was asked to see Baby McG., aged 10 months, on April 3rd, 1901, in consultation with the regular medical attendant of the family.

History.

The child had been in his usual good health until a week previously at which time he became ill with what was considered to be a mild gastric attack: the temperature never exceeded 101.5° F. The pulse was good and about 100, and the bowels were inclined to be relaxed. However, a short time before I was called in he vomited a considerable quantity of blood, and this was followed almost immediately by a copious, loose motion, which was undoubtedly largely composed of altered blood.

On examination there was evidence of loss of blood, but I was struck with the strength of the pulse and of the apex beat. I learned on inquiry that the child had been fed from birth upon condensed milk, and later upon a proprietary food and oat flour: that it had never been given any fresh milk or other food of an antiscorbutic kind whatever.

* Read before the Society for the Study of Disease in Children.

Treatment.

Infantile scurvy was diagnosed and the treatment modified to meet that condition as follows: One teaspoonful of orange juice to be given every two hours, to have whey and cream at frequent intervals and in small quantities, with one teaspoonful of raw meat juice every four hours. I advised the application of the icebag to the epigastrium for half an hour, the effect to be carefully watched. I saw this child again the following day: he had passed a good night and was much better in every respect. The orange juice was taken with avidity, and the nutrients mentioned were taken and retained, his temperature was 100.2° F., pulse 98 and stronger, no more vomiting had occurred, but one loose motion had been passed which contained altered blood. Eight days afterwards I was asked to see the case again, and it is hardly too much to say that I saw a different child—so marked and striking was the change for the better in every respect. I now advised that he should have a mixture of arsenic and iron (Fowler's solution and vin. ferri cit.) in suitable doses, as well as a small quantity of scraped potato or other fresh vegetable in his soup, and further that he should be taken to the seaside. He made a satisfactory recovery.

Remarks.

I think this case is noteworthy for the absence of the more prominent symptoms usually seen in scurvy rickets: no periosteal swelling could be found anywhere at any time though carefully looked for, the gums were quite normal in every respect and two upper and two lower central incisor teeth appeared healthy, there was no proptosis of either eye nor was there any ecchymosis or oedema of either eyelid.

Subcutaneous hæmorrhages never took place, not even petechial spots on the trunk or lower extremities, nor were any bruise-like marks ever seen. The child never made any complaint or evidenced any pain on being handled or lifted, and, with the exception of a slight beading of the ribs, the distinctive signs of rickets were entirely absent. Up to the onset of his illness this child was looked upon as a healthy, vigorous specimen of his age, and though he was anæmic-looking it could not be said that he was fat or flabby or full-tissued. His is another instance of scurvy occurring in a child fed on condensed milk and patent food, and he further exemplifies the curious point that the disease is met with chiefly amongst the children of the better classes, indeed to put it in another way, it would scarcely be too much to say that he was starving in the midst of plenty.

CONTRACT PRACTICE AND ITS DIFFICULTIES.*

By ARTHUR E. LARKING, M.D.,

Folkestone.

LET me at once set your minds at rest, and assure you that I am not going fully into the question of contract practice. If I were to do so, I should open up such a huge subject that no practical good would come of it; also that I am not going into the question of so-called Medical Aid Societies in which the services of a medical man are farmed out by a lay committee. We all agree as to putting a stop to this. I propose to deal mainly with so-called club practice, and incidentally to touch upon parish appointments and other work done by contract.

"CLUB PRACTICE."

My main object in bringing this matter before you is because it is a question that the British Medical Association will sooner or later have to face. Already negotiations are in progress to form a so-called "Conciliation Board," composed of representatives of our profession and also of the Friendly Societies. Communications have taken place, and all got on fairly well, until the question of a wage limit was broached. Then the Friendly Societies would go no further; they will not hear of such a thing, and thus the matter rests.

There is no doubt whatever that the medical profession of the present day looks upon clubs as a sort of necessary evil. Everyone who has held a club appointment knows it does not repay him pecuniarily for the trouble he gets, and yet he does not quite see his way to giving up clubs. Yet there are numerous instances in which medical men have determined to do without clubs, and have found out afterwards that their fears were groundless, and that they earned just as much money and did about half as much work as beforehand!

Let me give my personal experiences. I practised for nine years in a country town and district of about 9,000 inhabitants. I commenced *de novo*, and at first had no patients at all. Then one came and then another (mostly people who

* Read before the East Kent District of the South-Eastern Branch of the British Medical Association.