stage," and urges that "this alternation of symptoms from one eye to the other is a diagnostic distinction between inflammations confined to the orbital cavity and cavernous sinus thrombosis." In this case, as in those published by Dr. Sidney Phillips, the eye symptoms remained unilateral, and what is more, all the cases recovered, whilst Dr. Macewen states that "absolutely all those cases due to infective thrombosis (of cavernous sinus) end fatally."

ON TAPPING THE PERICARDIAL SAC.

By GORDON SHARP, M.B.EDIN.,

Late Research Scholar in Pharmacology, Owens College.

In December, 1891, a girl of 11 was seen in a second attack of acute rheumatism, the first attack having taken place some years previously, when she was under the care of another practitioner. After the first few days following the onset of the symptoms of rheumatism, the breathing became rapid and laboured, and on examination of the precordial region a to-and-fro murmur was heard over the whole area. Dulness extended from the upper border of the second rib on the left side down to the upper border of the fifth rib on the same side as the child lay on her back. Sodium salicylate was given in 10-grain doses every four hours for three or four days. The joint pains were relieved, but the effusion into the pericardial sac increased rather than decreased, and the breathing went up to 60 in the minute.

In consultation it was agreed to tap the pericardium, but to confirm the diagnosis I inserted a hypodermic syringe of 20 minims' capacity between the third and fourth ribs on the left side, and, close to the sternum, withdrew a syringe of serous fluid. In a few minutes the patient breathed more freely and with less frequency, illustrating a point that has been emphasised by Professor Sir Thomas Grainger Stewart, namely, that the withdrawal of even a small quantity of fluid from the vicinity of a vital organ makes a profound impression upon that organ. Had I rested content with the benefit received by my patient it might have been the best plan, but, hoping to get further benefit, I was advised, and thought fit to remove a larger amount of fluid by means of the aspirator. I thrust in the needle near the original spot, some five hours after the first operation and withdrew 2½ fluid ounces of a serous fluid tinged with blood.

I may say I selected the space between the third and fourth ribs because it appeared to me to be the spot where the dulness was most marked.

Immediately after this second operation the breathing became more laboured, and the child appeared to be distressed to an alarming degree. However, in the course of half an hour she calmed down, and became comparatively comfortable; but this was only of short duration, for in the course of an hour or more the breathing again became laboured and more frequent, and the patient gradually sank, death taking place twelve hours after the second aspiration.

I do not think that I should again tap the pericardium in a case of effusion attendant on rheumatism, for I believe such cases are best left alone. In confirmation of my belief I may mention a case which I had under my care some twelve months after the one just related.

A woman, aged 30, had repeated attacks of acute and sub-acute rheumatism, and in connection with the one I am about to relate she had considerable effusion into the pericardial sac. The breathing was much affected, and to one inclined to aspirate there was every indication for performing the operation. Instead of doing this, the salicylate of sodium was given in medium doses, and a large amount of liquid nourishment was administered at frequent intervals. The result was that the woman got well in the course of a few weeks.

WILLS AND BEQUESTS.—The late Mr. William Frederick Rawdon, of Clifton, York, has by his will bequeathed to the Middlesex Hospital, for the female cancer ward, called when he was a dresser there in 1822-23 Whitbread's Ward, £1,000; to the York Dispensary, £2,000; the York County Hospital, £1,000.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

ACUTE DERMATITIS.

C. J. was seen by me at my own house on December 11th, 1894. The girl, aged 22, an outdoor worker at a farm, had hitherto been healthy. On December 4th, while menstruating, she first felt the itching; it began in the thighs and forearms. On the 11th there was no eruption on the skin; the bowels were very costive and the breath foul; the tongue was covered with a yellow fur; there had been no rigors. On December 14th I was summoned to see her. The itching had now become intense; the most irritable parts were the thighs, especially the left, and the skin on the upper two-thirds of these was of a deep red colour, with papules of a faint red colour closely studded over the more deeply-coloured surface. The anterior and inner surfaces of the thighs were of a darker red than the external and posterior ones. The girl was not confined to bed; the pulse was 70 and the temperature normal; she did not feel ill.

On December 18th the neck and chest were covered with an eruption composed of maculæ and blotches, some of the latter being large; the arms and forearms as far as the wrist were of a diffuse red colour, with no papules; the hands and wrists were still free. The skin at the flexures of both elbows was moist and fissured, and there was induration to a slight degree there; the back was covered with an erythematous rash; the skin of the thighs was swollen, covered with minute vesicles and moist; there were discrete papules below the knees; the feet were free. The face was still unaffected; the axillary and inguinal glands were enlarged and tender, the submaxillary and cervical glands unaffected.

On this day for the first time the patient felt ill; on sitting up in bed she became giddy; the pulse was 72 and the temperature 100; the bowels were constipated, the breath foul, and there was no appetite. The patient noticed that as soon as the rash appeared on any part the itching ceased there.

On December 19th the face was still free, the hands and wrists covered with raised red spots; the right elbow was so much swollen that it was kept in an extended position; the left thigh had begun to desquamate; the feet were now involved; the pulse 72, the temperature 100°.

On December 21st the pulse was 72, the temperature normal, and appetite was returning. On the right cheek was one large red blotch, nearly as large as a penny piece, the rest of the face being free; the eruption on the neck and chest had now become confluent, and was covered with vesicles; the thighs and flexures of the elbows were casting off flakes of varying size, those shed from the left thigh being as large as a five-shilling piece. For the following four or five days desquamation continued, the hands and feet now throwing off large flakes; the one patch on the face threw off powdery scales, as did also the neck. There were no scabs; the hair and nails were not affected; there was no albuminuria.

On January 10th the skin over the affected surfaces was renewed except that on the feet; that over the flexures of the elbows was somewhat cracked; there was no induration; no other member of the family was affected.

On January 12th the dermatitis again set in, and ran a course similar to that of the first attack. It was preceded by urticaria, which appeared one hour after the patient had eaten a hard-boiled egg.

Jedburgh, N.B.

DONALD MACGREGOR, M.A., M.D.EDIN.

MALE NURSES' CO-OPERATION.—We are glad to learn that the first year's work of the Male Nurses (Temperance) Co-operation has been most successful. The average net earnings of each man have been at the rate of £97 2s. 5d. for the year. The Co-operation has had to meet a certain amount of prejudice against male nurses on the score of their tendency to intemperance, but this difficulty has been successfully met, and all the men employed, we are told, are total abstainers. The secretary of the Co-operation is Mr. F. Rouse, 8, Great Marylebone Street, Portland Place, W.