careful surgeon; and my strong impression is that no present-day surgeon would be found unwilling to do as was done in Dr. West's case or my own.

CASES OF BILIARY COLIC CURED BY THE ADMINISTRATION OF OLIVE OIL.

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THE case of hepatic colic cured by ingestion of olive oil, recorded by Dr. A. S. Gubb,¹ has led me to report very briefly three cases under my own observation, in which this treatment was followed by satisfactory results. The patients took the oil after meals with less difficulty than one would imagine. They began with a dose of $\frac{3}{4}$ j, and rapidly increased it, and I found that the first few doses were best taken floated on the surface of a bitter acid infusion. A dose of 8 grains of salicylate of soda was also given in a mild saline purgative before breakfast two or three times a week during the administration of the oil. The patients sought for the passage of a stone in the fæces, but did not detect one.

CASE I.—A man, aged 63, was seen by me in April, 1892, for a severe attack of biliary colic. He was a strong, healthy man, of temperate habits, who had never had any bad illness since the age of 22, when he had inflammation of the right lung. The attack for which I saw him came on suddenly without obvious cause, although he had suffered from acidity, flatulence, and dyspeptic pains for some months previously. The attack was not followed by jaundice. I saw him again in April, 1893, and he then said that he had returned to work in May, 1892, after the first attack, and was as well as he had ever been for ten weeks afterwards, but since then he had suffered from severe attacks of biliary colic about once in every three or four weeks; in the intervals his health was fairly good, but he had lost 30 lbs in weight during the year. The pain came on quite suddenly at any time of the day or night, without any cause. The attacks were preceded by indigestion, from which he appeared to suffer a great deal. The pain was so bad as often to necessitate morphine injections, and was accompanied by violent sickness; the whole attack lasting for six hours or longer, leaving him quite exhausted. When I saw him he was slightly jaundiced, but he stated that he had not had jaundice before, and that until the preceding two days bile had never been absent from the motions. He looked thin and anxious. The liver edge could be felt below the ribs, the gall bladder was not detected. The urine contained a quantity of bile pigment, which reacted well to Gmelin's test. He was recommended to take olive oil twice daily, beginning with a dose of $\frac{3}{4}$ j, and increasing the dose as quickly as possible until $\frac{3}{4}$ vj to $\frac{3}{4}$ viij were taken at a time. This he did without much inconvenience, not disliking the oil, and he continued the treatment for about two months. The jaundice soon disappeared, and he had no return of the attacks from the time of taking the oil. I met him in the street recently looking hale and hearty. He said that he felt perfectly well, and had had no return of the attacks now for twelve months, and had regained his former weight.

CASE II.—A gentleman, aged 30, living in London. In September, 1888, I attended him for an attack of catarrhal jaundice, unattended with pain or with any symptoms of gall stones. I next saw him at Christmas, 1893; he was on a visit to Clifton, and had been taken suddenly ill with typical biliary colic. This first attack was not a severe one, and was not followed by jaundice; and he returned to London in a few days. During the late winter and spring of 1894 he suffered from repeated attacks of biliary colic at frequent intervals. Some of these were very severe, laying him up for several days, and leaving him exhausted by the pain and vomiting. His general health suffered, and he lost flesh. After the more severe attacks he had slight jaundice, and after all of them the urine was loaded with bile, and the fæces clay coloured. He tried various methods of treatment with-

out obtaining any permanent relief, including a month's residence at Llandrindod Wells for a course of the waters there in the early summer of 1894. After this he was a little better for a short time, but the attacks recurred as badly as ever during the months of July, August, and the first half of September. On the average he had an attack about once in every two or three weeks. During the whole time he had been careful to follow out the usual dietetic restrictions. On September 24th he applied to me for advice, and I recommended him to try the olive oil treatment. This he carried out thoroughly, beginning with a small dose and increasing it up to $\frac{3}{4}$ iv, or occasionally $\frac{3}{4}$ v, twice a day. He took the oil for from two and a-half to three months, leaving it off gradually. The result has been that from the time that he began to take the oil he has had no recurrence of the attacks, and has remained quite free from pain. The large amount of oil gave him little inconvenience, until towards the end of the treatment, when it began to excite nausea.

CASE III.—A stout woman of 40, who had had a large family, and who came to the Bristol General Hospital as an out-patient suffering from jaundice with repeatedly recurring attacks of severe biliary colic. Treatment by olive oil at once stopped the attacks. She had more difficulty in taking the oil than the other two patients, and could not manage more than $\frac{3}{4}$ iij at a dose taken twice, sometimes three times, daily. She attended as an out-patient for six weeks, and then ceased as she appeared quite well. I have not been able to obtain any subsequent information about her; but it is probable that if the attacks had recurred she would have come to the hospital again, as she was very pleased with the result of the treatment.

PERMANGANATE OF POTASSIUM AS AN ANTIDOTE FOR OPIUM POISONING.

BY NATHAN RAW, M.D., ETC.,

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I HAVE read in the BRITISH MEDICAL JOURNAL of June 22nd with great interest the original communication on the new antidote for opium poisoning by Dr. William Moor, of New York, and beg to record my own experience of the efficiency of the drug after careful trial in five cases of opium narcosis.

CASE I.—M. G., aged 27, admitted March 17th, 1893, had swallowed $\frac{3}{4}$ j of laudanum. She was profoundly unconscious and evidently in the last stage of narcosis. Her stomach was at once washed out with a warm solution of Condyl's fluid ($\frac{3}{4}$ j to a pint of water) until the washings were quite colourless. She afterwards was given $\frac{3}{4}$ j of liquor potassii permanganatis every hour for four hours. Artificial respiration was kept up for two hours in addition. She made a good recovery.

CASE II.—E. S., aged 59, was admitted on August 28th, 1894, having swallowed a large quantity of tinctura opii. She was comatose and could not be roused. The pupils were "pinpoint," the respirations 6 a minute. Her stomach was at once washed out with a warm solution of Condyl's fluid, and $\frac{3}{4}$ j of liquor potassii permanganatis given every hour. In a quarter of an hour she showed improvement, and in an hour she was able to speak. She recovered.

CASE III.—J. H., aged 35, a chemist, was admitted, having been found in an unconscious condition in his shop. He had evidently taken opium several hours previously, and the amount was afterwards found to be over a pint of tinctura opii. The same procedure was adopted, and in addition I was about to inject permanganate of potassium subcutaneously when he suddenly died from respiratory paralysis.

CASE IV.—C. M., aged 52, was admitted on November 16th, 1894, in a profoundly unconscious and comatose condition from opium and alcohol. Her stomach was at once washed out freely with Condyl's fluid, and the effect was marvellous. In ten minutes she was answering questions, and it was thought she had recovered; but she relapsed into a comatose condition, when potassium permanganate was given in $\frac{3}{4}$ j doses every hour for three hours. The stomach was continually washed out with the solution until the washings were quite clear. This patient made a good recovery.

¹ BRITISH MEDICAL JOURNAL, April 20th, 1895, p. 865.

CASE V.—The same patient was readmitted two weeks afterwards in the same state. She went out next day recovered.

The above cases are to my mind abundant evidence of the great value of the permanganate salts in cases of opium poisoning. I have had no opportunity of trying it in any other poison, but the procedure is so simple and harmless as to readily recommend itself in all cases of poisoning by opium or any of its alkaloids.

MEMORANDA:

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

DIPHTHERIA IN THE PUERPERIUM.

THE following notes may be of interest as illustrating the occurrence of the primary lesion of diphtheria upon the perineum as well as upon the umbilicus of the infant.

Mrs. R. was confined with her first child on October 17th, 1894. The application of forceps was necessary, and a slight laceration of the perineum resulted, necessitating two sutures. The following day the nurse complained of *malaise* and sore throat, and although nothing was visible beyond general redness of the fauces, it was deemed advisable that she should cease attendance on a lying-in woman; consequently she was sent away at once, and was lost sight of for the time being. The torn surfaces of the perineum failed to unite, and on the fourth day the stitches were removed. At this period there was no reason to entertain any suspicion of diphtheria.

The patient did fairly well until the ninth day after the confinement and the eighth day after the occurrence of the sore throat in the nurse, when she had a rigor, and the temperature registered 103° F. She complained of pain and tenderness in the region of the perineum. An adherent dirty whitish membrane was visible on the site of the laceration. On the separation of the cord on the tenth day a similar membrane formed on the umbilicus of the infant. The child pined and refused its nourishment, and was removed without my knowledge or consent to a children's hospital, where it died on November 7th. No complaint of sore throat was made, and the fauces of both mother and infant were normal in appearance. Under appropriate treatment the false membrane disappeared and the laceration healed. On December 20th, about six weeks after the appearance of the false membrane, the mother was seized with paraplegia, which kept her confined to her room for nine weeks; she ultimately recovered.

Although the presence of the Klebs-Loeffler bacillus was not demonstrated, I think there can be little doubt as to the diphtherial nature of the false membrane both in the mother and infant. Several cases of ordinary diphtheria in the house soon followed, one of which proved fatal. I heard afterwards that the sore throat of the nurse turned out to be diphtheria, and she probably was the source of infection for all the cases which occurred in the house.

Sutherland Avenue, W.

ROBERT FITZGERALD, M.D.

A CASE OF HYPERPYREXIA.

W.C., a retired farmer, aged 84 years, has always had good health, and, in spite of his advanced age, has had no medical advice for over twenty years. During the last year he had complained occasionally of difficulty in passing his water, but had had no treatment.

On April 18th, 1895, after his usual midday dinner, he went for a walk of about two miles in the neighbourhood of his house, and while out was suddenly seized with shivering and vomiting, but managed to return home without assistance. He went to bed, and the vomiting, coldness, and shivering continued, the whole body and bed being shaken; the bowels acted frequently, and the urine was copious. About 9 P.M. he began to lose the shivering and get warm, but the vomiting and retching continued, and the bowels acted repeatedly and unconsciously, the urine also being passed in the bed. Towards morning he became restless, tried to get out of

bed and toss the clothes off, but about 11 A.M. he was quieter, and could not be roused.

I saw him at 2 P.M. on April 19th. He was lying on his back in bed, paying no attention to anything, but, on being shouted at, would turn his head, open his eyes, and look at one, but made no attempt to speak or take any notice of what was said. The skin was hot and dry, the lips parched and caked. The temperature in the axilla was 110° F. The respirations were Cheyne-Stokes in character, each cycle occupying fifty seconds, the number of respirations during that time being 38, and the period of apparent non-breathing seven seconds.

There was emphysema of the lungs, but otherwise percussion and auscultation gave no abnormal signs. The pulse was 120, equal in force, but intermitted a beat in every two, three, or four beats; the heart sounds were normal but weak. This semiconscious condition continued in spite of treatment till about 1 A.M. on April 20th, when the breathing became more laboured, and finally stopped about 1.30 A.M. From the time he was in his usual good health till death was only thirty-six hours. How long the temperature of 110° F. lasted is impossible to say, as I only saw the patient once, his house being six miles distant and very out of the way. His dinner, consisting of salt pork and bread, was shared by his wife, who was not affected by it. I had had several cases of influenza and high temperature in the same district as the patient resided. Extreme pallor after death and rapid onset of decomposition pointed to great blood destruction. A *post-mortem* examination could not be obtained.

St. Mark's Road, W.

E. W. SIMMONS, M.R.C.S., L.R.C.P.

THYROID EXTRACT IN UNIVERSAL ALOPECIA.

THIS drug was prescribed for a patient of Dr. Cathcart's, whose father had suffered from the same disease. In April he complained that he could hardly touch the hair of scalp, moustache, eyebrows, and axillæ, without its coming out, and the loss of hair was very evident. Even on the legs it was readily pulled out. Alopecia was begun four months ago. After taking 5 gr. tabloids three times a day for ten weeks no further loss of hair on moustache and eyebrows was evident, and it did not readily pull out. The scalp has been shaved, so it is difficult to state what change has occurred; the shaved hair where present has hardly grown at all, but there is a good deal of downy hair. The patient was taking at the same time liquor strychninæ.

Even so small an amount of success in an ailment considered incurable makes this treatment worthy of further trial.

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ANGIOMA OF THE PHARYNX.

RECENTLY a lady, aged about 40, consulted me. She complained of a feeling of soreness in the throat and a tickling sensation, as if she were always wanting to swallow. These symptoms had been going on for four or five years, and she had always been laughed at and told it was indigestion. I examined the throat, and at once noticed a small tumour (an angioma) in the right side of the soft palate. This tumour was the size of and in appearance not unlike a blackberry, and encroached on the margin and upper border of the soft palate as well as on the uvula. I may add that the uvula was much relaxed and, with the rest of the pharynx, was considerably congested. I think this worth recording, as Dr. McBride, in his book on the *Throat, Nose, and Ear*, says that according to his experience neoplasms of the pharynx, with the exception of papillomata, are of extreme rarity. So far my patient has only allowed me to employ palliative measures, which have given considerable relief to the symptoms, and will not hear at present of any operative interference.

Pembroke, S. Wales.

ALEX. J. ANDERSON, M.B., C.M. Edin.

THE ETIOLOGY OF GOÎTRE.

WITH reference to Notes on the Etiology of Goître, by Dr. Morris, in the *BRITISH MEDICAL JOURNAL* of July 6th, it may be interesting to mention another probable cause of goître which I have met.

I was for some time in practice in a mining town in Monmouthshire, and goître was very common. The cause