the chest signs were better, but an obscure papular rash was noted over the front of the chest, and next day over the legs. Not till August 13th was there a characteristic rash of measles on the face. There were still some twitchings but no vomiting, screaming, or eye symptoms or head pain. The cervical glands, especially the left submaxillary, were enlarged. There was no sore throat, but the gums being swollen and tender were lanced. Sleep was fair, food was taken, the bowels were open. The child was given some saline with aconite, and once or twice daily phenacetin with bromide. Temperature continued high, 102° to 103° or more. The chest symptoms were moderate. On August 15th the temperature was normal for a few hours, but by evening it was again 103° without definite cause. (On this day the only other child, a boy of 8, developed measles of ordinary type, which he passed through without giving a moment's anxiety.) On August 18th the right foot and left hand were oedematous, rather hard but pitting on firm pressure. (Small doses of sublimate and iodide were now ordered, also stimulants.) Next day the foot was less, but all the left arm was swollen and brawny (but not dead white). The pulse was unaffected and there were no streaks or cords of veins or lymphatics; a few drops of serum exuded on puncture through the very tough skin. The child was in much pain, requiring some chloral. The temperature was 104°. No sweating, diarrhoea, or vomiting, and the nervous symptoms were less marked, so that one could now exclude tuberculous meningitis. On August 22nd Mr. H. Taylor met me to consult as to possible surgical interference, but decided against any the diagnosis being "septic phlebitis with thrombosis." Ecchymosis now appeared at the bend of the elbow, extending to the axilla, and vesicles came on the wrist. Hot packs and stimulants were employed, but death came rather suddenly on August 23rd from heart failure.

Dr. Ringer says, "convulsions not uncommonly" usher in measles in children without being serious; this may apply to a single initial convulsion, though one may doubt its being common. Meigs gives 5 instances in 314 cases, but all agree they are rare when occurring in the course of the attack, and practically fatal. I have never seen a case like No. 1 before, and am cognisant of only one other. In scarlatina I have known three such.

The unfortunate termination of Case 2 by phlebitis without apparent reason is, in my experience, unique, and such a "complication" is not mentioned by authorities, even in the long list in Ziemssen. Hence I am anxious to record it, with the query whether any serum injection might avail in such a case, for no medicines will. At present—I quote from Steinberg's *Bacteriology*, 1896—our knowledge of this science as applied to measles is vague, but streptococcus pyogenes has been found in morbillar pneumonia (Mosny, Netter).¹ Is it possible that the antistreptococcus serum, used with such brilliant success in a few recent septicæmic cases—for example, the case recorded by Mr. Ballance and Mr. F. C. Abbott in the *BRITISH MEDICAL JOURNAL* of July 4th, 1896, p. 2—might help also such a case as this?

A CASE OF FATAL CEREBRAL HÆMORRHAGE IN A YOUNG ADULT.

By C. R. SALISBURY, L.R.C.P. LOND.,
Stanningley.

F. S., aged 21, a labourer in a foundry, was first seen by me on September 10th, 1894, and he had been complaining of general *malaise* for three or four weeks. His complaints on the above date were: Pain in the back, aching pains in the limbs, a catching pain over the left lower ribs, and feeling cold and shivery. He had no headache and his temperature was 101°. No pleuritic friction sound detected, but there was some tenderness on pressure over the painful area. The urine was high coloured and loaded with urates, but free from albumen. The heart was normal. He was sent to bed and felt much better next day.

On September 12th he came to my house, in spite of contrary advice, and complained of feeling cold, and that he was

spitting blood. He expectorated some rusty sputum then, and his temperature was 100.5°.

On the following morning, September 13th, there had been no hæmoptysis, but free epistaxis. The temperature was normal. There were no physical signs in the chest, but he still complained of the pain in the left side of the chest.

From September 14th to 20th there was pretty free epistaxis, and on the last-mentioned day the gums were bleeding. The motions had been tar-like, due probably to the blood which he swallowed.

On September 21st the epistaxis was much less, and he said that he felt better.

On September 22nd he was pretty well during the day, but at 5.30 P.M. he complained of severe headache (vertical) and began to be drowsy. He became quite unconscious at 7 P.M. I saw him at 8 P.M. He was then quite comatose, breathing stertorously; the pulse was rapid and feeble, skin moist and clammy. The pupils unequal, the right being dilated and the left normal. There was no apparent paralysis of the face muscles, but a general relaxed condition of the limbs, with occasional spasmodic movements and rigidity. He remained unconscious and died at 11.30 P.M. There had been little or no epistaxis during the day.

Remarks.—The patient had never been strong. He had never been a meat-eater, nor had he eaten any vegetables. His diet had nearly always been tea and bread and butter, with an occasional apple or pear. There was no history of any previous hæmorrhages, and there were no purpuric spots. His father died aged 60 from cardiac failure, six weeks after an operation for strangulated hernia. Mother alive and well. It is not possible to obtain any history of the parents of the mother, nor was it possible to make a *post-mortem* examination.

There were no degenerative changes in the arteries. Is it possible that there is any analogy between this case and that of purpura hæmorrhagica, as a sequel to influenza, related by Sir T. Grainger Stewart in the Address in Medicine at Bristol? or could it be a result of a scorbutic condition, due to the abnormal dietary of the patient? The treatment adopted was compound tincture of benzoin as a local application for the epistaxis, and liquor ferri perchloridi internally with lime juice. The patient would not take any broths or similar preparations.

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

INDIAN HEMP POISONING.

On October 10th H. M., aged 23, came to me suffering from nervous prostration and general debility, for which a mixture containing Indian hemp was prescribed in combination with strychnine and quinine. This was taken regularly thrice a day up to November 3rd, and without any toxic symptoms beyond that of a feeling of drowsiness after the first few doses. On the night of November 3rd he took his usual dose (which happened to be the last in the bottle), and a few minutes afterwards his face became very pale, and, to use his own expression, he "wanted more air." As I happened to be in the house at the time I was able to watch the subsequent symptoms. He said he felt he was mad, that he could see and hear me one minute and then the next minute I had gone. I walked him out into the fresh air, and gave him stimulants in the form of chloric ether and sal volatile. He recovered himself sufficiently to say he felt well again and would go indoors. After remaining there a few minutes he jumped up again and the previous symptoms were repeated, but with the addition of a distressing sense of impending death. His pulse was 128 and very feeble; tongue dry and covered with a thick whitish-brown fur. He complained of his tongue swelling and his jaw becoming fixed. His hallucinations were frequent and far from the pleasant ones recorded in the textbooks after small doses of Indian hemp. He further became suicidally inclined, but was easily restrained.

¹ Bulloch, *Lancet*, January, 1896; and Sims Woodhead, *BRITISH MEDICAL JOURNAL*, October 3rd, 1896.