African lethargy have had important verification and confirmation, coming, indeed, to identical results.

NOTES AND REFERENCES.

¹ Doença do Sono. Relatórios enviados ao Ministério da Marinha pela Missão Científica Nomeada por Portaria de 21 de Janeiro de 1901. Lisboa, 1901. ² Doença do Sono. Trabalhos executados até 6 de Agosto de 1902, pela Missão enviada a Angola pelo Exmo Ministro da Marinha, composta de Annibal Bettencourt, Chefe da Missão, Avres Kopke, José Gomes de Resende Junior, Annibal Correia Mendes. *Revista Portuguesa de Medicina e Cirurgia*, Nos. 139 a 144, Agosto a Outubro, 1902. ³ Immediately after this translation was published we sent the editor a note pointing out the numerous mistakes in it. This unfortunately, however, was not published. ⁴ We never spoke of this medium because we never employed it. ⁵ August 7th, 1902. ⁶ *Archiv f. Schiffs- und Tropen Hygiene*, vii. 2.

NOTE OF SOME FURTHER EXPERIMENTS REGARDING THE NATURE AND SPECIFIC TREATMENT OF HAY FEVER.

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THE results of some of the experiments reported recently in the *BRITISH MEDICAL JOURNAL*¹ made it desirable that the special influence of Professor Dunbar's toxin upon some persons not actually suffering from hay fever, but showing a greater liability than the ordinary run of people, should be further tested. With this object Dr. Tilley and I experimented upon ourselves on April 3rd, whilst my son and a lady who suffers from typical hay fever also were subjected to experiments similar to those described in my last communication.

1. In the case of my son two drops of a toxic solution (1 in 500) were instilled into the right nostril, but remained without any effect.

2. Miss R. has been suffering from hay fever for twenty-one years, the symptoms occurring at the typical time, and consisting of violent sneezing, obstruction of, and considerable running from, the nose, great irritation of the eyes, and, towards the end, slight asthma. The results obtained in her case were much more marked than in any of the cases I have hitherto experimented upon, and were as follows:

A drop of toxin (1 in 1,000) plus an equal quantity of serum was instilled into the right eye at 2.53 p.m.

No symptoms, either objective or subjective, having occurred at

2.58 p.m.—One drop of 1 in 500 toxin, plus serum, was placed into the right eye.

3.0 p.m.—Itching complained of.

3.1 p.m.—Caruncle obviously swollen, itching increases, and becomes a burning feeling.

3.3 p.m.—Objective symptoms still increasing.

3.4 p.m.—Distinct reddening of both upper and lower lid.

3.5 p.m.—One drop of toxin (1 in 500), plus serum, rubbed into right nostril.

3.7 p.m.—Itching and burning begin.* No swelling as yet of turbinal bodies or septal mucous membrane.

3.10 p.m.—Mucous membrane of right nostril shows very obvious congestion at anterior end of inferior turbinal bone. Caruncle of right eye still markedly congested.

3.10 p.m.—Some degree of chemosis in right eye.

3.20 p.m.—Irritation felt in right eye almost disappeared; objective symptoms still apparent.

3.21 p.m.—One drop of antitoxin instilled into right nostril.

3.24 p.m.—Feeling of itching and burning in nostril also allayed.

3.23 p.m.—Two drops of 1 in 500 toxin rubbed into left nostril.

3.24 p.m.—Itching sensation becomes apparent.

3.28 p.m.—Mucous membrane between middle turbinated bone and septum very much swollen. Itching, etc., constantly increases.

3.35 p.m.—Septum and lower turbinated bone completely touch one another, and are bathed in watery fluid, which constantly runs from that nostril. The patient is quite unable to breathe through the nostril on left side. Voice is nasal in tone.

3.37 p.m.—In the right eye the symptoms have completely disappeared. A drop of antitoxin was rubbed into the left nostril.

3.40 p.m.—Nostril very slightly less occluded, although running of watery fluid still continues.

5 p.m.—Left nostril quite free. In the course of the evening patient suffered from dull headache, such as she generally experiences whilst suffering from hay fever. Next morning quite free.

3. In my own case the mopping of the interior of my right nostril with a swab of absorbent cotton-wool soaked with one to two drops of the 1 in 500 toxin solution produced in a moment a feeling of slight itching and burning in the right nostril, followed by swelling and congestion of the right turbinated body which was repeatedly examined during the next hour by Dr. Tilley, when this swelling remained permanent. The sensation of itching persisted for some length of time, although at about one hour after the

application it had become materially diminished. No sneezing fits as on previous occasion.

4. The following are the notes of Dr. Tilley's case:

2.59 p.m.—1 in 500 toxin mixture with serum.

3.3 p.m.—Itching first noticed.

From 3.2 p.m. to 3.20 p.m.—Itching constantly increasing. Swelling of mucous membrane of inferior turbinated bone, and septum becomes marked. The contrast between the mucous membrane of the left and right nostrils is very noticeable.

3.20 p.m.—A drop of antitoxin was applied.

3.29 p.m.—No change or amelioration of symptoms.

In the course of the afternoon the symptoms gradually wore off.

REMARKS.—Whilst the experiments in my son's and Miss R.'s cases fully accords with the results stated in my first paper, the phenomena appearing in Dr. Tilley's and my own cases tend to further justify the belief that there is a class of persons, who although not actually suffering from hay fever, yet are more susceptible to the influence of the pollen toxin than those of the great majority of persons experimented upon. It remains to be seen whether this fact establishes a connexion between genuine hay fever and paroxysmal sneezing or vasomotor coryza.

REFERENCE.

¹ March 28th, p. 713.

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

BULLET WOUND OF BRAIN: RECOVERY.

THE following interesting case came before me on December 12th, 1902:

An Ashantee named Osey Cudjoe fought in the Ashanti rising of 1872 to 1874. At the battle of Fantiyan, Kumassi, fought about January, 1873, he received a bullet wound of the head. He and his friends gave the following account: He was unconscious for about a week. During this period the bullet was removed by native surgery and the wound dressed (most likely with leaf mould and leaves, as this is the native way of dressing all wounds). He was four months in recovering.

On examination there was found a hole on the left side of the head over the angle formed by the junction of the anterior inferior angle of the parietal bone with the frontal and temporal bones, the hole being a circular inverted cone, the base being external. It was $\frac{1}{2}$ in. in diameter at the apex and $\frac{3}{4}$ in. in diameter at the base. Skin, devoid of hair, lined the cavity, except for the area of the apex where the dura mater was seen uncovered by anything, and through it the brain substance showed clearly. There were a few melanotic spots and veins to be seen. There was some thickening of the periosteum for about an inch round the opening. The man was quite healthy and did not suffer from the sun, though his head was clean shaved. He stated he had never suffered ill-health or from fits of any kind. All the movements were perfect, as were sight, speech, and hearing. There were no signs of induration of the exposed dura mater, which looked healthy and clean. He did not suffer from headache.

The wound was caused by a Snider bullet at long range. The man was about 20 years old at the time.

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ACUTE DILATATION OF THE STOMACH WITHOUT APPARENT CAUSE.

SOME years ago I received an urgent call to a child 11 months old supposed to be dying. In a few minutes I was at the house and found the child dead; the heart had stopped, and all efforts at resuscitation were unavailing. The history was that the child had a short time before partaken of its bottle, and was laughing and playing on its mother's knee, when suddenly it seemed to stop breathing, "made a noise in its throat," and became insensible. There was no convulsion or struggle, and the child had apparently died immediately. There had been no previous illness or digestive troubles, and the child was well nourished and presented no evidence of rickets or congenital syphilis. The parents were both healthy.

I suspected "cardiac failure," but could find no clue to its causation. *Post mortem*, however, I found the stomach greatly dilated, containing 19 oz. of food—like fairly thick Mellin's