which often cause peripheral neuritis, and also other toxæmic diseases, such as typhoid fever, plague and acute rheumatism, which do not or rarely give rise to peripheral neuritis.

3. Beri-beri and diphtheria are the diseases *par excellence* in which sudden fatal heart failure occurs.

4. The heart-muscle degeneration is not a secondary result of neuritis of the vagus.

5. The heart-muscle degeneration takes place as a rule before skeletal-muscle degeneration and is the result probably of direct action of the toxin and not a secondary result of nerve change.

6. Sudden heart failure does not indicate a sudden lesion, but rather is the result of a gradually-increasing heart weakness from cardiac-muscle degeneration, which may be precipitated by any sudden exertion, but more frequently is the result of the principle of "all or nothing," the transition from "all" to "nothing" being necessarily rapid.

7. The cardiac physical signs in beri-beri closely resemble those found in diphtheria and are of paramount importance in prognosis and treatment.

REFERENCES.

¹ Metropolitan Asylums Board Report, 1897, p. 180. ² *Goulstonian Lectures*, 1892. ³ *Croonian Lectures*, 1900. ⁴ *Lancet*, May 12th, 1900. ⁵ *BRITISH MEDICAL JOURNAL*, July 29th, 1899. ⁶ *Il Policlin.*, an. viii, f. 3, 4.

A CASE OF COMPLETE OPHTHALMOPLÉGIA OCCURRING DURING WHOOPING-COUGH.

By B. W. GOWRING, M.R.C.S., L.R.C.P. LOND.,
Late Ophthalmic Surgeon, Newport and Monmouthshire Hospital.

THE following are brief notes of the case:

J. B., a little boy, aged 4 years, was suffering from an attack of whooping-cough. Being of a particularly lively and mischievous disposition, his mother was surprised when he awoke one morning particularly subdued, unsteady in his walk, and only too willing to lie down. I saw him the day these symptoms appeared (March 9th), and noticed that there was ptosis of both eyes; the pupils were dilated, and failed to react to light or accommodation; there was a slight divergent strabismus; the child was perfectly conscious and extremely irritable. There was a bruise about the size of a florin on the forehead above the bridge of the nose, which the mother said was not due to a blow, and which she had only noticed that morning.

In two or three days' time he began to get about again, keeping the right eye closed or covered with his hand. In ten days' time the strabismus had disappeared, and with it the ptosis. The eyeballs appeared slightly protruded, and it became quite evident that the orbital muscles in both eyes were paralysed.

The fundi were normal, and the patient could evidently see fairly well except in a very bright light, although he occasionally made "bad shots" when reaching for anything he was playing with.

On April 5th he was taken to see Mr. Charles Higgins, who kindly wrote to me about the case. He expressed a doubt, after seeing my notes, as to the etiology, and gave a favourable prognosis.

The occurrence of acute nuclear paralysis, from whatever cause, is so remarkable and sufficiently uncommon to warrant recording. Occurring, as in this case, during an attack of whooping-cough, the interest is heightened.

Whether the case is to be rightly regarded as a complication of the disease, or a mere coincidence, or due to an attack of diphtheria occurring at the time or before the commencement of the whooping-cough it is difficult to determine. In the literature at my disposal I am unable to find any such complication of whooping-cough noted, which is the more strange in such a common disorder.

That such paralysees of the orbital muscles sometimes follow an attack of diphtheria is well recognized. It is true this may have been the cause, but if so the disease was not clinically recognizable nor even suspected, and it is certain that no other member of the family, in a family of small children, suffered.

The mode of onset, too, was so sudden as to probably not warrant this supposition. I am inclined to regard the attack as one of acute inflammation in the nuclei, possibly accompanied by some hæmorrhagic lesion due to straining during a paroxysm of coughing, and akin to the process which produces acute anterior poliomyelitis, the child, as in this case, except for the cough, going to bed quite well and waking in the morning with the paralysis.

Two other children suffered at the same time from whooping-cough, but except that one had convulsions, there were no complications. I regret that no examination was made for the Klebs-Loeffler bacillus, but even this may not have been final, as it is said to occur sometimes in the throats of apparently healthy persons.

ACUTE RHEUMATISM: FIVE CASES OF APPARENTLY DIRECT INFECTION.

By E. SYDNEY HAWTHORNE, F.R.C.S., L.R.C.P.

Mudgee, N.S.W.

IN the *BRITISH MEDICAL JOURNAL* of August 8th last there is an interesting article by Dr. Turner, Nantwich, on three cases of acute rheumatism of apparently infective origin. I ask the courtesy of your pages for the insertion of particulars of five cases, and a probable sixth, of the above-mentioned disease occurring in or near one house, with intervals of from a few days to one week of each other, and in one family.

The first to suffer was the eldest son, aged thirty years, who came into town from his home, thirty-two miles distant, and was treated by Dr. N., who diagnosed acute rheumatism and treated him accordingly.

The second eldest a few days after complained in a similar manner and was at once brought to town by his mother and placed under the care of Dr. H., who diagnosed acute rheumatism and treated it in the usual way. His mother, contrary to the doctor's orders, to save expense returned home two days after with this son, although, as Dr. H. afterwards told me, he had a temperature 103° F.

About a week after his return I was wired for to go out at once to him as he was very ill. On arrival I found him suffering from acute rheumatism complicated with right pneumonia and pericarditis, temperature 103° F., and rising, delirious, and altogether in a bad way. I gave a grave prognosis, and prescribed suitable treatment.

The eldest daughter now presented herself for examination as she had been ailing for two days with pain and swelling in the joints, feverishness, loss of appetite, sleeplessness. As her temperature was 102° F. I ordered her to bed and prescribed salicylates with success, and she got all right in two weeks' time.

Three days after my visit I received a second hurried wire to visit the second boy, and on arrival found him dead, he having no doubt succumbed to pneumonia and heart trouble. Now the fourth and fifth cases presented themselves in the father and youngest son, both suffering similarly to the other members of the family. I ordered their removal to the hospital, where they are now being treated by Dr. N. for acute rheumatism.

A week later I received a wire to visit Mrs. C.'s eldest daughter who lived about half a mile from her parents, and on arrival found she had been confined a week, and was now suffering from pains in her joints, feverishness, rigors, almost complete cessation of lochia, cessation of milk. She had been a regular visitor up to her confinement at her parents' house. I could detect no evidence of puerperal fever, beyond a rise of temperature. I prescribed salicylates with success, and in a week's time she was able to go about her work. I have not included this last case, but merely mention it as being one probably of acute rheumatism.

The first case, who had now returned home as cured, consulted me for a return of his complaint, so diagnosing a relapse I ordered his removal to hospital, where he is now under the treatment of Dr. N.

That the diagnosis in the above cases could not be well wrong must be admitted, as all of them, with one exception, have been examined by two independent medical men, and some by three. Also, mere coincidence where so many cases have occurred could scarcely be thought of, and damp, cold weather could certainly not be assigned a cause as we are now suffering from a most disastrous drought in the colony. Therefore to my mind the only solution as to the cause is: direct conveyance from one patient to the other.

CHARITABLE BEQUESTS.—The late Mr. Charles Samuel, of Sutherland Avenue, Maida Vale, in addition to numerous other charitable bequests, has left £500 to the London Hospital, and £200 each to St. Mary's Hospital, the Metropolitan Hospital, the Royal Free Hospital, the City of London Hospital for Diseases of the Chest, Victoria Park; the National Hospital for Diseases of the Heart and Paralysis, Soho Square; the North London Consumption Hospital at Hampstead and the Earlswood Asylum for Idiots.—Under the will of the late Mr. Henry Brooke, of Huddersfield, £1,000 has been bequeathed to the Huddersfield and Upper Adbrigg General Infirmary.