phthisical inheritance should be taken as an indication that she is in a specially suitable condition for the infection of tubercle, and for the progress of the disease when infection has taken place; and should warn us to place her in the most favourable conditions of life. Menorrhagia, too, interpreted in its widest sense, occurring under similar conditions, should be speedily checked. Not because there is any specific connection between menorrhagia and tubercle, but because the occurrence of menorrhagia seriously lowers the state of nutrition of the tissues, and renders them an unusually favourable soil for the growth of tubercle whenever infection, to which so many of us are constantly exposed, takes place. The frequency of menorrhagia among the children of phthisical parents I take to be due to no specific action of tubercle, but merely to indicate an undue "vulnerability" of the tissues which renders them less capable of maintaining healthy life under unfavourable conditions than the tissues of other children are.

NOTES ON A CASE OF SEPTICÆMIA WITH SUBNORMAL TEMPERATURE.

By JOHN T. TIBBLES, L.S.A., MELTON MOWBRAY.

G. W. B., aged 35, stonemason, at the beginning of November last suffered from contusion and ecchymosis caused by a slab of stone falling across the inside of his right leg; after treatment and a fortnight's rest, he was enabled to return to work. There had been no ordinary sign of pericistitis. At the end of fourteen days he felt unwell, and incapable of continuing his work; complained of coldness down the back, and had symptoms of gastro-hepatic derangement to which he was frequently subject. There was no pyrexia. The patient did not improve, and on the seventh day of attendance had diarrhœa. The following notes were made of the subsequent progress of the case.

December 13th. During the last three or four days, symptoms had developed which seemed scarcely consonant with the diagnosis of simple disease of the liver and stomach, namely, great depression and exhaustion, absence of fever with a gradually increasing typhoid condition, and restlessness. Further examination of the abdomen revealed depression of its walls, increased sensitiveness of the skin, and enlargement of the spleen, which was painful on pressure. There was no pain or tenderness along the injured leg. Pulse 84, feeble. No pyrexia; urine normal.

December 14th. No action of bowels. Symptoms persist. Aching of limbs, especially inner side, and calves of legs. Has slept but little. Respirations slow; temperature 98°.

December 15th. A little muttering delirium. Well marked and general lymphangitis. Respirations slow; pulse 86; temperature both in axilla and mouth 97.5°.

December 16th. Enlarged and painful axillary glands; no redness, heat, or other sign of suppuration. Spleen less painful. Rambles and picks nose. Abdominal walls in same tense condition. Pulse 84; temperature 97°.

December 17th. Lymphangitis fading away. Typhoid condition persists; "aches all over," lies with legs drawn up. Pulse feeble, 86; temperature still falling, 96.8°. *Night*.—Being summoned at 7.30, I found the patient raised on pillows, very pale and pinched, complaining of pain in his chest. There was distinct pericarditis, with a well marked rub; but there was still no pyrexia, rather the temperature had fallen during the day to 96.5°. Respirations 13.

December 18th. Not so much pain in the præcordial region; appearance of a mealy desquamation about skin of extremities; subsultus tendinum; typhoid condition the same; bowels and urine normal. Respiration slow, regular, deep, 13; temperature, 96°. Dr. Powell saw the patient this morning, and verified the temperature-reading. *Night*.—Main symptoms unchanged. Pulse 84; respirations 13; temperature 95.8°.

December 19th. Somnolent. Respirations 12; pulse 80; temperature 95.3°. *Night*.—Same drowsy state. Breathing noisy, slow, with long pauses; respirations 12; pulse 78; temperature 94.5. Boat-shaped condition of abdomen persists.

December 20th. Slept on right side in a state of general flexion; can be easily roused, and, though his speech is very thick, answers rationally. Pupils contracted. Hiccough, but no pain. Breath, previously of the peculiar sweetish character, now offensive. Deglutition impossible. Respirations 12; pulse 60; temperature 93°. *Night*.—Since 3 p.m. has been sinking into deep coma. Pulse 48; respirations 15; temperature so low that thermometer could not register it.

December 21st. Died at 6 A.M.

REMARKS.—The foregoing is a brief record of a case of septicæmia, peculiar as presenting a subnormal temperature. We may suppose that some localised suppuration followed the injury to the leg, which did not make itself manifest by the ordinary signs. Thirty-four days after the accident, fourteen days after apparent recovery, the patient developed symptoms which might belong to any of the usual and common disturbances of the digestive system not marked by pyrexia, subsequently assuming an asthenic form, and followed by lymphangitis and pericarditis. Yet the most characteristic symptom of septicæmia was absent; rather there seems to have been an inversion of the temperature. At no period of the later illness was the temperature above 98°; but there was a continued fall, at first slow, more rapid towards the end, until the night before the patient died it was considerably less than 93°.

OPHTHALMOLOGICAL MEMORANDA.

GLASSES "À DOUBLE FOYER."

I wish to call the attention of ophthalmic surgeons to those cases in which they may deem it expedient to prescribe glasses "à double foyer." Convenience and optical advantage to the patient are derived from setting the lower, or reading-glass, in such a position as to form with the upper, or distance-glass, an obtuse angle, whose apex looks forwards and downwards (the distance-glass being of course vertical) of 150°. The patient has then no alternative other than to look directly through the glass prescribed for his immediate want, and he will do this without feignitious astigmatism. The comfort and ease afforded by this arrangement to patients for whom I have ordered these glasses are described by them as being exceedingly great.

These glasses were exhibited at the late meeting of the British Medical Association at Brighton, by Messrs. Rowley and Son, opticians to the Sussex Eye Hospital, St. James's Street, Brighton, who carried out the suggestions I made to them some months before with their usual accuracy and good workmanship.

CHARLES OLDHAM, F.R.C.S.,
Senior Surgeon to the Sussex Eye Hospital.

CLINICAL MEMORANDA.

"A SIX-FINGERED FAMILY."

HAVING read in the BRITISH MEDICAL JOURNAL of January 1st an interesting article under the above heading, I was reminded of the following notes which I collected last year of a similar case. During October, 1885, there appeared in your columns a series of letters by Mr. Noble Smith and others on the ætiology of congenital deformities, which at the time aroused considerable interest. Meeting with this case some time afterwards, I made the following notes:—

Having delivered Mrs. A. of a female infant, I was struck at her anxiety to see the child's hands, when I became aware that it had six fingers on each hand; at a subsequent visit I questioned the mother about it, and found that it was a hereditary deformity (paternal side). She was one of a large family (three sisters and four brothers), and was born with six fingers on each hand, but one had been removed by silk thread a short time after birth. The other allowed to remain was equal to the fifth finger in size, and growing at a right angle from the inner side of the hand, and, as far as I could ascertain, the joints of both communicated, but in the extra finger flexion was very limited, and consequently, not only awkward, but most unsightly. The infant had an almost identical condition.

Great bias existed amongst the friends on the point of amputation, as in each case in which it was practised it proved fatal. Of the three sisters two were free, but of these one married and had a child with extra fingers on each hand. Now we come to the brothers, and find a new feature added. Each alternate one had the deformity; one of these so deformed married, and has a son with extra fingers and toes. This finishes Mrs. A.'s generation. Her father was free from it. Her grandfather had an extra digit on each hand. Beyond this I could not get accurate details, only that it did exist in previous generations.

Several interesting features are here presented, namely, alternate brothers only had it, and in one case extra toes are found; regarding transmission it showed a tendency to atavism.

I do not presume to offer any solution of the pathology of this complex problem, but it has occurred to me that we should distinguish between these deformities and cleft palate, hare-lip, etc., for in one case you have partial arrest of development, and in the other, nature is in excess.

CAMPBELL BOYD.