or small ulcers with "chalky substance" lying in them. These little ulcers are slow to heal; rude stimulating applications provoke them to anger; poultices and compresses keep them in a sodden lazy state, antagonistic to all healthy action. Side by side with the ulcers are often petty nodules of gouty concretion, pale or purple, and likely to inflame, if injured, by any of the traumatic chances of daily life. Now, to keep the finger at rest and in seclusion is to keep it away from harm, to quiet local heat, and to help local repair. Make a paper splint with mucilage of acacia, mould it while moist to the front of the finger, wrapping it a little around the nail, and retain it in position by a few turns of very narrow plaister; over all, with a light muslin protection, like the loose finger of a glove, allowing free access of air; remove the splint night and morning for the sake of cleanliness; and apply a new splint every three or four days.

The exceeding comfort of this plan is best appreciated by those who have tried and enjoyed it. By keeping the finger always straight, an obstacle to the healing of the gouty ulcers is at once removed; inflammation is subdued, and other awkward contingencies are prevented. The little useless member is interred for its own benefit, instead of dangling about and frustrating the offices of its comrades. The fetters may be taken off in due time; gentle friction restores disused tendons and muscles; and the finger will again assume its place in the honourable society of digits to perform its functions until the next attack of gout lays it low.

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Physician to the Mineral Water Hospital, Bath.

HYDROPHOBIA: CHLOROFORM-INHALATIONS: RECOVERY

THE following case of hydrophobia, treated with chloroform, may perhaps interest your readers. It occurred in one of the suburbs of Bombay, three months ago.

L. M., a native Christian, aged 18, had been bitten on the calf of the right leg, two months before, by a dog believed to be rabid. The wound had healed, and there were three cicatrices resembling those caused by a bite. The night before he was seen, he was restless, and alarmed with dreams. On the following morning, there was a constant hawking and spitting of frothy mucus, with a frequent ringing scream. These symptoms were increased in paroxysms from time to time. He looked anxious and distressed. He did not seem to be affected by currents of air, but became much excited when water was brought near him, and was unwilling to drink or even to touch it. Noises distressed him very much. The pulse was feeble, the skin of natural temperature. Occasional twitchings of muscles were observed, but no marked spasms. Half a drachm of chloroform (afterwards increased to a drachm) was dropped on a handkerchief, and gradually brought near to the face; it was inhaled with apparently partial relief. This was repeated every half-hour, and in all twelve drachms were used. On the following morning, the patient was to all appearances well, and three days after resumed his usual duties.

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TOXICOLOGICAL MEMORANDA.

THREE CASES OF POISONING BY PARAFFINUM MOLLE.

THE following facts may prove of interest, more especially as the domestic use of vaseline internally for colds, etc., is daily becoming more common.

On Thursday, January 14th, I was summoned to see three children, aged from 8 to 14 years, who, it appeared, had been each given about half a teaspoonful of vaseline on sugar, the previous evening, as they were suffering from sore-throats. Soon afterwards, whilst in bed, they were all seized with pain in the knees and cramps of the lower extremities, together with severe vomiting, which continued for eight or nine hours. On visiting them the next morning, the severity of the symptoms had passed off, although the eldest child was still inclined to vomit, and was in a somewhat collapsed state. There were no febrile symptoms, and they all quickly recovered their usual health. I carefully inquired for any other cause for the symptoms, but neither in their diet nor elsewhere was one to be discovered.

At the request of the father I saw the druggist who had sold the vaseline. He showed me two samples, one in a tin case and the other in a stone jar. The former was labelled vaseline, and the latter paraffinum molle, *B. P.* The *British Pharmacopœia* preparation was the one supplied to my patients. It would be interesting to know whether vaseline should be administered internally at all, and, if so, in what doses?

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REPORTS
OF
HOSPITAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

ST. MARY'S HOSPITAL.

CASE OF REMOVAL OF SARCOMA FROM BASE OF SKULL, FOLLOWED BY PYÆMIA: RECOVERY.[1]

(Under the care of WALTER PYE, F.R.C.S.)

J. M., aged 16, a poorly nourished lad, was admitted on June 22nd, 1885. His complaint was of a frequent bleeding from the throat and left nostril, dating from a year and a half earlier, and latterly very persistent. On examination, a growth was found which projected forwards into the left nostril (completely obstructing it), from behind the soft palate, pushing this down into the mouth, causing pain and difficulty of swallowing; there had been lately some alarming attacks of dyspnœa. The growth resembled a large nasopharyngeal polyp. On June 24th tracheotomy was performed, as a step preliminary to the removal of the growth.

As soon as the patient began to take chloroform through the tube quietly, the lower pharynx was plugged with a sponge, with some difficulty on account of the growth. The soft palate was then divided in the middle line to its whole extent. It then became obvious that the tumour was a more formidable one than had been supposed. Instead of springing from the neighbourhood of the posterior nares by a narrow stalk, it had a broad base of attachment to the basilar process of the occipital, and probably to the front of the atlas, and filled the whole of the upper pharynx, being much larger than it had appeared to be. It was plain that the growth could not be removed with a simple wire loop; a stout cord of twisted wire and a large screw écraseur were therefore chosen; the cord of wire, however, would not pass through the nostril, so, after some trouble, a Bellocq's sound was passed, and the ends of the wire cord being twisted together, and attached to the watch spring of the sound in the mouth, they were brought out through the nostril from behind, forwards. The ends being then untwisted, were attached to the écraseur. This loop, which was hanging out of the mouth, was then adjusted round the neck of the growth, as close up to the bone as it could be got, and the écraseur tightened through the nostril. The growth was very vascular, and it was necessary to tighten the loop very gradually, so that it was almost an hour altogether before it finally came away. There was a good deal of bleeding, which was checked by ice. The divided palate was sewn up.

During the following week, there were frequent and rather exhausting attacks of bleeding, and very little food could be given by the mouth, the patient being fed chiefly with nutrient suppositories and enemata, but this trouble soon subsided.

The tracheal opening did well throughout; the tube was taken out on the fourth day after the operation, and the wound closed at once. The palate also closed up quite well. The mouth was frequently washed out with Condy's fluid, and a solution of chlorate of potash was swallowed so long as there was any appearance of slough in the mouth. The patient's highest temperature was 100.8° Fahr., and he was discharged apparently well, three weeks and five days after the operation. The tumour, on microscopic examination, proved to be a vascular myxosarcoma.

On July 30th, ten days after his discharge, he was readmitted; the temperature was 105.4° Fahr., and he had pain in the shoulders, knees, wrists, and one ankle.

He stated that the pain was first felt in one shoulder on July 28th in the evening (he had been playing in the park in the afternoon and evening of a very cold day). Next morning he was very sick, shivered once slightly, and the pain had spread.

On admission, he had a coated tongue, a profusely sweating skin with a sour smell, a pulse of 140, and the signs of capillary bronchitis. The right ankle and the wrists were swollen and red; the other joints were also tender. His respiration was so noisy, that the heart-sounds could hardly be made out. His symptoms thus resembled at that time those of an acute attack of articular rheumatism, rather than pyæmia.

For the next two and a half months, he continued to be acutely ill. The joints mentioned remained swollen, and the synovial sacs, first of

[1] Read before the Medical Society of London.

the ankle and then of the wrists, became converted into loose bags of thin curdy pus. They did not present at any time the appearance of common destructive arthritis. These abscesses were opened and drained (about August 18th), ten ounces of pus escaping from one of them.

Then on September 8th a large abscess formed in the substance of the muscles of the right thigh; on September 23rd, another in the gluteal region, the wrists the while improving; and so on, in various parts of the body, abscesses were continually appearing, and being opened, drained, and subsiding, the expenditure in the shape of pus being enormous.

About the beginning of October, his temperature, instead of averaging about 101° Fahr., with occasional exacerbations as the abscesses developed, fell to about the normal, and he began to gain a little. From that time he steadily improved, and finally recovered. The growth at the back of the throat has shown no sign of return.

REMARKS BY MR. PYE.—The case is really an account of two cases—the record of a somewhat unusual operation, and of its sequel, which is at least unusual in its termination, in recovery. The main interest lies apparently in the question whether the one and the other were certainly connected.

I cannot myself entertain any doubt that the acute fever, with multiplied abscesses in joints and in muscular planes, for which he was readmitted, was a genuine pyæmia, in spite of the absence of any definite or repeated rigors; and bearing in mind that all who saw him thought at first that he was suffering from an ordinary attack of acute articular rheumatism. His coated blanketty tongue, and his copious sour-smelling perspiration, together with the appearance of the joints at that time, certainly suggested rheumatic fever very strongly. We also have a history of exposure to guide or misguide us. But the progress of the illness, and the absence of any heart-affection, do not seem to be compatible with any condition except a pyæmic one; and if this be granted, it seems to be a fact worth relating that a large operation about the air-passages, in which the risks of septic pneumonia were guarded against by preliminary tracheotomy, should be followed by an apparent recovery as complete as it was speedy, and that upon the top of this a general pyæmia should supervene, itself recovered from after the most extensive and damaging suppuration.

With regard to the purely operative, or first part of the case, the only points which may be worth while pointing out are (1) the very great, indeed essential, advantages of the preliminary tracheotomy; without this proceeding, it would have been, I am convinced, impossible to have removed the growth at all, impeding as it did the air-passages; (2) the greatly increased width of view given by the division of the palate in the middle line, a proceeding which was practically bloodless; (3) the manner of the introduction and working of the écraseur—that is, through the nostril. In this case, at any rate, the base of the skull could hardly have been got at in any other way. [A sketch-diagram of a preparation, No. 2283 in the museum of the College of Surgeons, which bore a very close resemblance to the case here reported, was shown in illustration, when the paper was read before the Medical Society of London.]

SALOP COUNTY INFIRMARY.

A CASE OF RUPTURE OF THE HEART.

[Reported by HERBERT MACANDREW, M.B., C.M.Edin., Junior Assistant Medical Officer.]

T. S., a man aged 70, was admitted in 1864, and, after residence at another asylum, was readmitted in March, 1885.

He had been in weak physical health for some time, and, about a week before death, was noticed to take his food rather badly, and to vomit once or twice, but, at the time of his death, he was apparently in his usual health, although, owing to his mental state, little or no information could be gathered from subjective symptoms. On admission in March, 1885, no organic disease was found to exist. It may be stated that he was quiet and inoffensive, and was not subject to attacks of excitement or of passion.

On November 12th, at 5 P.M., he was noticed, while walking from the lavatory, to fall suddenly to the ground; he was at once carried to bed. When seen, he was extremely pallid, with very shallow respiration, and his pulse was almost imperceptible; before any treatment could be adopted, he was dead, death having occurred in not more than ten minutes from the time when he fell down.

The necropsy was performed next day, and the more important morbid appearances are as follows. The body was fairly well-nourished; rigor mortis was well marked. On opening the cavity of the chest, the pericardium was noticed to protrude unduly; it was opened, and found to contain four fluid-ounces of blood-stained serum, and a clot weighing five ounces and a half. The heart, together with the arch of the aorta, was then removed, and weighed fifteen ounces. On the anterior surface of the heart, corresponding with the interventricular septum, were two small fissures, each about half an inch long, one being placed nearer the base of the heart; these were three-quarters of an inch apart, and were vertical in direction; a probe passed into the upper rent reached the left ventricle, and, if pushed in a downward direction, emerged at the lower opening, which did not communicate directly with the ventricle. On opening the left ventricle, its walls were found to be hypertrophied, but no sign of fatty degeneration of the tissues was discovered; in the vicinity of the inner opening of the rent, the muscular substance was soft and friable, and studded with minute coagula; the left cusp of the mitral valve was contracted and thickened, and well marked commencing atheroma of the aorta was noticed.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 9TH, 1886.

GEORGE JOHNSON, Esq., M.D., F.R.S., President, in the Chair.

Enteric Fever at Suakin; with some Cases of Malarial Enteric or Typho-malarial Fever. By J. EDWARD SQUIRE, M.D.—By the courtesy of the medical officers of the Suakin Field Force, the author was entrusted with the charge of a division of the base-hospital at Suakin, and was thus enabled to see much of the fever which occurred among the troops. The analysis of nearly eighty cases showed that, though the large majority—about seventy—were of the ordinary enteric fever type, as verified in two cases by necropsies, some were so modified by climatic causes as to merit the designation of malarial enteric. Two or three showed stronger evidence of malaria. One of these, believed to be enteric during life, was found *post mortem*, after four weeks' illness, to have no specific enteric lesions at all; to this class of cases, the term typho-malaria might be restricted. In two of the fatal cases, hæmorrhagic effusions occurred under the conjunctivæ or in some parts of the skin; these cases were not due to scurvy, the diet of the troops being varied with fresh meat and vegetables. Typhus was unknown in the force. Diarrhœa was a prominent symptom in all the cases. As regards the cases of enteric fever, it would seem that the disease was imported from Cairo, and that the infection was spread by the air; the use of none but condensed water for drinking and cooking purposes excluded it as a means of transmission. In opposition to the views of some Indian and army medical authorities, the seasoned troops, represented by the East Surrey Regiment from India, were attacked earlier than those unused to tropical climates, as represented by the Guards who came direct from England; and the mortality was not proportionately greater among the younger soldiers. Cases of enteric fever were admitted into the base-hospital soon after it was opened in March; the malarial cases did not occur till about two months later. Seventy-three temperature-charts, and some cases in full, were given in illustration of the points referred to in the paper.—The PRESIDENT congratulated Dr. Squire on the interesting character of the subject he had introduced, and remarked that he did not himself suppose that water was the only vehicle of contagion in typhoid fever, nor did he think anyone at present adopted that theory. In his own experience at King's College Hospital, there had been two cases among the nurses of the hospital which were undoubtedly traced to contagion by the air.—Surgeon-Major MYERS had been also at Suakin with the Guards, and had given a good deal of thought to the question which Dr. Squire had raised. He remained at the base during February and March, and saw much dysentery and diarrhœa. Then he went to the front with the Scots Guards, and great care was taken with the sanitary conditions of the camp. No severe illness, except a single case of disease of the brain, was contracted there. When he returned to the base, he felt doubtful as to whether they could have had true enteric fever, and asked what had been observed as to the *post mortem* appearances of Peyer's patches. Ulceration, he heard, had been observed in one or two cases. Still, he was inclined to think that dysentery was at the bottom of it. The soil of the place was extremely foul. It had been occupied for a long time, and the sand of which it was composed had no deodorising power. When he had been there ten years earlier, it was very different. After the Scotch Guards had moved away from Suakin, he paid special attention to the *post mortem* appearances in all the cases which had died after typhoid symptoms, and noticed great sloughing about the ileo-cæcal valves, a