

cessation, as I told the patient to be out-of-doors as much as possible.

The diagnosis I dare not venture upon. To the tonic effect of small doses of cantharides on the kidney I ascribe the successful result. This drug also brings about a very striking diminution in the amount of albumen in the urine of patients suffering from "large white" kidney, if given in small doses; whether this diminution is permanent I am at present unable to judge.

Balham.

OCTAVIUS BEVEN, M.D., D.P.H.

#### A CASE OF SULPHONAL POISONING.

AT 10 P.M. on July 9th I was called to see E. C., an anæmic and somewhat neurotic girl, aged 17. She had lately been suffering from neuralgia, and on the day mentioned she had altogether 60 grains of sulphonal—20 grains at 11 A.M., 20 at 2 P.M., and 20 at 3 P.M. Soon after 3 P.M. she began to be drowsy, and went to bed and slept for about two hours, when she woke up with a feeling of nausea, but was not sick. On getting up she was markedly ataxic, and "walked as though very drunk." Her condition rapidly became worse, and at 10 P.M. I was called in. I found the patient lying on the bed with closed eyes, and noticed marked muscular twitchings. The respirations were 48 and shallow, but every few minutes she took several deep breaths. The temperature was 95.4°, and the extremities were cold, with marked signs of cardiac weakness. The pulse was very feeble and hard to count, but I registered it at 58. The pupils were slightly dilated, reacted slowly to light, and the corneal reflex was absent. The patient had hallucinations, thinking she was pursued by beetles and fleas; but when spoken to or roused, she became wildly delirious, striking and fighting with her attendants until completely exhausted. Not knowing the nature of the drug taken, I could only treat the most pressing symptom, and strychnine and brandy were repeatedly administered hypodermically. The patient's condition somewhat improved at 5 A.M.; during the day she slept and took nourishment well, but the bowels were not relieved, and she passed no urine. Towards evening she again became delirious, but her pulse was good. Croton oil was given, and also hyoscine hypodermically. This quieted the patient, and the oil operated freely. After some hours (thirty-six since commencement of the attack), 5 ounces of urine were passed; this contained no albumen. After this the patient made a slow but uninterrupted recovery.

Andover.

J. F. GILLETT, M.B., B.C. Cantab.

## REPORTS

ON

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

#### WOMEN'S HOSPITAL, MELBOURNE, VICTORIA, AUSTRALIA.

A CASE OF HYDATID MOLE WITH STAPHYLOCOCCUS INFECTION. (By FRANK A. NIULASY, M.B., Ch.B. Melb., Hon. Obstetric Surgeon.)

THERE are several interesting features in connection with this case which appear to me to be worth placing on record. Some brief notes of the history are supplied by the House-Surgeon, Dr. Docker.

E. B., aged 20 years, primipara, admitted on January 6th, 1898, in a somewhat anæmic state. She says that she is nearly three months pregnant, and during the last week has been losing blood, passing large clots on two or three occasions, but has had no pains. She is now losing slightly; the external os is a little softened and patulous, the internal os contracted. The uterus extends to within an inch of the umbilicus. Temperature, 99° F.; pulse, 86. The patient was kept in bed for a week, and as she had neither pain nor hæmorrhage during that time, she was discharged from hospital, but was readmitted on the following day (January 15th) at 6 A.M., bleeding having again commenced at 4 A.M., since which time she has passed large clots. On admission she was very

anæmic, os slightly dilated, losing slightly, and getting pains. ʒj of ergot given, and at 10 A.M. a large hydatidiform mass discharged; a good deal more removed by the hand passed into the uterus, making altogether a large dish full. There was very free hæmorrhage at the same time. On account of the very weak state of the patient it was not considered advisable to do anything further for the time being. On the following day her temperature ran up to 103.6°. I now saw the patient, and determined to curette her. This was done under chloroform; some rather firmly adhering "hydatids" were removed; two fingers passed up to the fundus so as to leave no remnants, and the uterus packed with iodoform gauze. The patient's temperature was normal in two days, but on the evening of the third day it suddenly ran up to 104.4°. Her condition was somewhat alarming for the next few days, the evening temperature being a little over 103°, and the morning one a little over 101°, with a weak, rapid pulse, and a blanched, waxy, and exhausted appearance. However, I found the cause of the febrile reaction to be a purulent endometritis, and, as Dr. Nelly's bacteriological examination revealed almost a pure culture of staphylococcus pyogenes albus, I did not use the antistreptococcal serum, but employed on this occasion specially prepared iodoform bougies and gauze drainage.

The appearance of the expelled mass was exactly like that represented *in situ* by Dr. More Madden in his valuable work on *Clinical Gynaecology*. That author, who has had an exceptionally large experience of this disease, states that "there is no possibility of discriminating with certainty between a myxomatous mole and the normal product of impregnation *in utero* before the completion of the fourth month of gestation." The abnormal enlargement of the uterus, with the hæmorrhage present in this case, might have been expected to have aroused suspicion, but as I did not myself see the patient till after the expulsion of the main mass of the mole, I am unable to offer a definite opinion on that aspect of the question from personal observation. The authors of the *American Textbook of Obstetrics* say, "exsanguination of the patient and septic infection are the chief dangers." These were both present in this case, but successfully passed through. Moreover, the patient was young and a primipara, two facts the reverse of usual.

## REVIEWS.

TWENTIETH CENTURY PRACTICE OF MEDICINE. Edited by THOMAS L. STEDMAN, M.D. Vol. xiii. London: Sampson Low, Marston, and Co. 1898. (Royal 8vo, pp. 630. 13 illustrations. 30s.)

THE present volume, which is the thirteenth of the twenty that are to make up this encyclopædic production, fully maintains its international character, since out of the eight contributors three are English, one Irish, two French, and two American. In this volume the study of the infectious diseases is commenced by a series of valuable introductory articles dealing with the more general problems. Thus to begin with, Professor Victor Vaughan, of Ann Arbor, Michigan, gives an account of ptomaines, toxins, and leucomaines that shows a full and up-to-date knowledge of this rapidly developing branch of pathology; on the practical side of this subject there is a good description of the various kinds of food poisoning, each of which appears under a new and sometimes startling name; for example, ichthyotoxism (fish poisoning).

Professor Ernst is fully conscious of the great difficulty of writing a complete account of infection and immunity, subjects that are continually advancing with changing front. He has most conscientiously tackled the matter in hand, and has freely referred to the copious literature that has gathered around it. Following the more theoretical part of the article there is an account of its practical outcome, the serum treatment of disease.

Dr. Dawson Williams deals fully with the incubation and infectiousness of the acute specific diseases.

The much discussed subject of vaccination and cowpox is well handled by Professor Brouardel. The article is (probably from an accident during translation) entitled "Vaccina," not "Vaccinia," as it should be in English. Mumps, exhaustively