

this was so marked about one and a half inches around the bite that it presented quite a gangrenous appearance. The child was treated with hypodermic injections of strychnine. Brandy and milk were also administered. Locally hot boric fomentations were applied but the improvement which was at first marked was not maintained, as vomiting started again on the morning of the 16th and continued until 6 A.M. on the 17th. Since then the boy has gradually recovered.

Dr. W. J. Tyson, under whose care the patient was admitted and with whose permission I publish these notes, thinks the case of interest on account of the severity of the symptoms, showing that a large amount of venom was injected; the skin of the finger was exposed at the time of the bite so that there was no material such as a sock or a glove to mitigate the poison. The variety of snake was unquestionably the viper (*Pelias berus*).

Folkestone.

NOTE ON A CASE OF FATAL PERITONITIS FOLLOWING AN OVERDOSE OF PURGATIVE PILLS.

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ON May 12th I was called to see a patient who was a married woman, aged 32 years, and the mother of two children. She informed me that being "a few days over her time" she had taken seven Beecham's pills on the evening of May 11th and four similar pills on the night of the 10th. She thought that this treatment "would set her all right." She stated that she had never had any illness. I found her suffering from excessive diarrhoea and she said that she had vomited twice during the night. On the next day the diarrhoea had practically stopped, no vomiting had occurred, but there was a considerable amount of abdominal tenderness. On the 14th the symptoms of peritonitis were well marked and I called in Mr. D. C. Rayner in consultation who concurred in the diagnosis and treatment. The patient died on May 18th.

The coroner decided to hold an inquest and instructed me to make a post-mortem examination, which I did some 12 hours after the patient's death, Mr. Rayner being also present. We found extensive enteritis and peritonitis but the appendix was perfectly healthy. There was no perforation but the inflammation involved all the coats of the bowel. The internal organs were healthy and the deceased was not pregnant. The jury returned a verdict that death was due to peritonitis caused by the excessive amount of pills. I recently read an advertisement in one of the London halfpenny newspapers stating that "females especially will find that Beecham's pills will restore free and regular conditions," a statement which may certainly be described as somewhat ambiguous.

Bristol.

NOTE ON SUCCESSFUL VACCINATION AFTER THE ONSET OF SMALL-POX.

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IN a recent issue of THE LANCET¹ Dr. J. Coote Hibbert records a series of cases of considerable interest, especially to those engaged with any frequency in the differential diagnosis of small-pox. He attempted vaccination in 20 cases of small-pox after the appearance of the eruption and obtained a successful result in 11 instances. In four cases success is stated to have been evidenced by indurated raised papules, while seven presented typical vesicles. Possibly a difference of opinion might be entertained with regard to the four cases in which the local evidence of success was indicated by papules. The seven instances, however, in which typical vesicles were obtained which ran the usual course of vaccinia would appear to establish Dr. Hibbert's point that successful vaccination after the appearance of an eruption does not exclude a diagnosis of small-pox.

In a thesis² relating to small-pox in Bradford in 1894 I

recorded a similar series of cases to those of Dr. Hibbert, which, I think, tends to strengthen his contention. My notes are not now available, so I am unable to give a detailed account, but must content myself with quoting the broad facts as they appear in the thesis in question. In 22 cases vaccination was attempted at dates varying from the first to the fifteenth day of illness, with failure in 14 instances. The following are the dates at which vaccination was performed in the eight successful cases, two of which were of earlier date than Dr. Hibbert's: in two cases on the first day of initial symptoms; in two cases on the first day of papular eruption; in two cases on the second day of papular eruption; and in two cases on the first day of vesicular eruption. It was thus found possible to induce vaccinia as late as the first day of vesiculation—i.e., the third day of the eruption and the fifth of illness. Dr. Hibbert obtained vesicles in ten instances during the first four days of the eruption and papules on the fourteenth day in the eleventh case.

A point of interest is the previous condition as to vaccination of the patients. Dr. Hibbert records that three of his 11 cases were not primarily vaccinated, while in seven of my cases there was no history of vaccination, and the eighth had but one fair mark and was 47 years of age. The question as to whether vaccinia exerted any influence on the course of the attack in these cases naturally presents itself. Dr. Hibbert was unable to detect any modifying influence on the rash or on the course of the disease, and it may be noted that in two semi-confluent cases, vaccinated on the first and third days of the rash respectively, the vaccinia vesicles were very well-marked. Of my own cases, four were confluent in type, two were severe discrete cases, while two were mild in degree. The confluent cases were very severe, were all primarily unvaccinated, and one out of the four proved fatal. Of the discrete cases only one had been primarily vaccinated. My impression at the time was that a favourable therapeutic influence was exerted by vaccinia, but the number of cases recorded is so small that one would hesitate to lay any great stress on that view. Both Dr. Hibbert's series and my own would, however, appear to establish the possibility of successfully vaccinating during the vesicular stage of small-pox and possibly later. This is a point of some importance, in view of the strong tendency which Dr. Hibbert points out exists to regard such a result as a point in differential diagnosis against small-pox.

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Medical Societies.

DEVON AND EXETER MEDICO-CHIRURGICAL SOCIETY.—A meeting of this society was held on May 12th, Dr. J. Mortimer, the President, being in the chair.—Dr. R. V. Solly showed (for Mr. G. L. Thornton) the following microscopic specimens: (1) A Blood Film showing Malignant Malarial Parasites in the form of crescentic gametocytes free among the corpuscles; (2) a Blood Film showing many Flagella of these parasites free among the corpuscles; (3) a Film Preparation of the Bacillus Pestis from Agar Culture, showing well-marked polar staining; (4) a Section of a Lymphatic Gland showing the Bacillus Pestis; and (5) a Film Preparation showing the Comma Bacillus, or Spirillum Cholerae. Many involution forms were present.—Dr. Solly then gave a lantern demonstration illustrating, in the first place, the life-history of culeces and anopheletes and also the features by means of which the two genera may be distinguished in the egg, larva, pupa, and imago stages. A series of slides were then shown illustrating the sexual stage in the mosquito and the asexual stage in human blood, of the three species of malarial parasites, benign tertian, malignant tertian, and quartan. Slides were exhibited demonstrating the peculiarities of the tsetse flies, glossina morsitans, which conveys nagana, and glossina palpalis, which conveys human trypanosomiasis or sleeping sickness; also the trypanosomes of these diseases and other varieties of trypanosomes, including the trypanosoma Tremanii found in the stone owl (athene noctua) and the wonderful transformations which it underwent in the stomach and the intestines of the common gnat, culex pipiens, as discovered by Professor Schaudinn. These changes showed a great resemblance to the sexual cycle of the malarial parasite in the stomach of anopheles. The

¹ THE LANCET, May 20th, 1905, p. 1337.

² "A Clinical Record of 220 Cases of Small-pox." 1895. (Vict. M.D. thesis.)