ovum in the Fallopian tube. Moreover the plasmodists are utterly unable to demonstrate their "parasite" in anything but malarial blood, and this by no means in every case of malarious fever, for the Laveran body is never found in the blood in those inveterate forms of the disease where the spleen is much degenerated. Until they can show the "parasite" in some other environment than human blood I for one shall maintain the opinion that the assumption that the Laveran body is a parasite is altogether false and misleading. All the evidence goes to show that the Laveran bodies are altered blood-cells closely related to the leucocyte, and that they are, like it, products of the blood. If the Laveran bodies are to be regarded as parasites the leucocyte must also be regarded as a parasite. This brings us to the key to the whole position. Little or nothing is known of the true physiology of the leucocyte, the "science" of the plasmodists being satisfied with the way it takes a stain and the most learned physiologists assigning to it no higher rôle than that of a phagocyte or scavenger. If physiologists in Great and Greater Britain would devote some of the time they spend in hunting for patent hearts in order to bolster up a perilous method of chloroform administration to a genuine research into the physiology of the leucocyte the bottom would very soon be knocked out of the sham science of malarial parasitology, of which Dr. McCallum and Dr. Osler are the most recent exponents.

Hyderabad, Deccan.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF TWIN PREGNANCY: MISSED ABORTION AT THIRD MONTH; RETENTION OF DEAD OVUM UNTIL AFTER DELIVERY OF SECOND FŒTUS ALIVE AT FULL TERM.

BY ATHOL S. J. PEARSE, M.B., B.C. CANTAB.

ON Jan. 25th, 1898, I was called in to attend a married woman, aged thirty-three years, who was in labour with her fifth child. The labour was a normal one; the placenta was easily expressed fifteen minutes after the birth of the child, and on examination was found to be apparently complete. Two days later (on the 27th) a very foul-smelling mass was passed with pain, and this on examination I found to be an ovum of between two and three months, complete with small placenta and membrane. I saw no fœtus. Inquiry then elicited that the patient fell pregnant early in May, 1897. Early in August she had a severe fright caused by a thunder-storm and she lost some blood per vaginam for two or three days together with some pains in the stomach. These stopped and then pregnancy progressed normally until delivery at term.

The child, born alive, was a small one, as also was the placenta, which appeared to be complete. The patient was quite in her usual good health during the whole time of pregnancy although, as afterwards was proved, she had a decomposing ovum in her uterus along with the live fœtus. She made a rapid recovery without any bad symptoms.

Cardiff.

ARITHMOMANIA.

BY L. A. PARRY, M.D., B.S. LOND., F.R.C.S. ENG.

THIS affection, which is, I believe, far more common than is generally allowed, is one of the many groups of the *tie convulsif* (*Gilles de la Tourette's disease*) of the French. It is a psychosis occurring chiefly in families with a well-marked neurotic inheritance, the age of onset being as a rule quite early, from six to ten years, occasionally later. The cases which I am about to relate all belong to the same family—they were, in fact, all first cousins. There were no instances of epilepsy, fits, or insanity, and no neurotic tendencies in

any of the parents or members of the family with the exception of the arithmomania in the children themselves.

CASE 1.—The first case was that of a well-developed boy of about ten years of age. He had had no illnesses previously except some of the fevers so common in childhood. The onset of the attack was insidious; he gradually became absent-minded, took a long time to answer when spoken to, the question often having to be repeated three or four times, and there was frequently a peculiar fixed stare in his eyes as if his thoughts were far away. He could never enter a room in the normal manner, but was compelled to turn the handle of the door three times, start to make his entrance, and then draw back three times, or else kick one leg against the other three times before he started. When passing an object he was often compelled to touch it three times before he could walk on; in fact, three seemed to be his golden number. There was never any tendency to involuntary muscular movement, as is generally the case; it was throughout the mental disturbance which was the prominent feature. He was treated with arsenic, plenty of fresh air, and good food, but no improvement could be noticed in any way attributable to these therapeutic measures. The symptoms very gradually disappeared and now some years later all that remains is a slight tendency to absent-mindedness.

CASE 2.—The next example was a cousin of the patient in Case 1, a girl of about seven years of age, who again presented no spasmodic movements, only slight mental disturbance. She was unable to bid her parents good night in the manner usual to children, but felt compelled to get out of bed and repeat at intervals her usual valedictory words, "Good night, mother," and when her mother would reply "Good night, C—," all was well for a moment. Then again would be heard the cry, "Good night, mother," and again the answer, "Good night, C—," would be given, and so on for a dozen times or so. If she touched anything she was obliged to repeat this touching first with her right hand, then with her left hand, again with the right, and lastly with the left. When walking along the street she would suddenly dart into the middle of the road, put her feet into a certain definite position, make a peculiar growling noise with her throat, and then return to the point from which she had started. She has gradually got well without any treatment except moral suasion and is now a perfectly healthy young woman.

Several other slighter instances of this affection in members of the same family have presented themselves to me, but none of them were marked and all of them are now free from any tendency to arithmomania.

Bartholomew-road, N.W.

CASE OF RUPTURE OF THE RIGHT VENTRICLE OF THE HEART FROM A BLOW IN THE EPIGASTRIC REGION.

BY THOMAS FISHER, M.R.C.S. ENG., L.S.A.

THE patient was a man, aged twenty-five years, strong and robust, a noted pugilist and heavy-weight lifter. In an intoxicated condition he assaulted his neighbour, who, in self-defence, struck him in the stomach, from which blow he fell to the ground insensible and never regained consciousness. In this unconscious condition he was taken home, a distance of two miles, and after some delay I was sent for. On my arrival I found him quite dead, one and a half hours having elapsed from the time of the injury until I saw him, he having then just expired.

The post-mortem appearances were as follows:—The body was well nourished. There was a slight contusion in the right temporal region. There was no apparent bruise on any other part of the body. On removal of the scalp extravasation of blood was seen in the right temporal region. On removal of the calvarium the membranes of the brain were found to be very vascular. The brain was covered with minute petechiæ and was generally vascular. The skull was fractured in the right temporal region obliquely from behind forwards with no displacement of bone, and there was no injury to the dura mater and no clot. On opening the chest the pericardium at once bulged forward and was seen to be much distended; on opening it was found full of clots, dark in colour. The heart was large,