the middle finger to be passed through when grasping this bar. (c) The indicator is seen as a scale on the flat convex side of the binding-screw (C), passing through the centre of the hinge, and shows how far the extremities of the blades, when in position, are apart, within a range of one to three inches. This will indicate whether a sufficient grasp has been obtained to avoid risk of slipping; and if the exact presentation and movement be taken into account, will give an idea of the measurement of the diameter of the head we are dealing with. For portability's sake the traction-bar may be screwed into the head of the binding screw. (f) Mode of application: The handle is not to be brought so far back towards the perineum as must be done with long forceps generally. Then having inserted the screw and read off its index number, raised the movable part of the handles, and placed in position the transverse bar, traction is to be commenced (assuming that the head is at the brim) with the bar opposite the tip of the coccyx, so that the line of traction (A B) shall pass through the axis of the brim. The hand is of course to be moved forwards as the head descends. The forceps are dark bronzed, to take away the formidable aspect that bright polished or plated instruments wear in the eyes of outsiders. Messrs. S. Maw, Son, and Thompson have given me a ready assistance in carrying out my endeavour to produce an "instrument of precision."

Dingle-hill, Liverpool.

IDIOPATHIC OR PERNICIOUS ANÆMIA, ASSOCIATED WITH JAUNDICE.

By W. T. PARKER DOUGLAS, B.A., M.B. CANTAB.

THE following is a typical case, so far as its clinical history is concerned; and its connexion with jaundice may probably be accounted for by an excess in the fatty degeneration of the liver (which frequently forms an element in the pathology of cases of pernicious anæmia), due to the habits of the patient.

G. R. H.—, aged seventy. Had been a strong, active, muscular man, of full habit and florid complexion, fond of sport and of good living. He inherited gout, and perhaps helped to incur the same, which first made its appearance at the age of thirty; of late years he had constantly arrested its development by patent medicines containing colchicum. Two years ago he was laid up with phlebitis of the left femoral vein, and since then his strength and health had been failing, though at Christmas last he was able to walk two or three miles. He persevered with his duties as a clergyman till June 5th (the last occasion of his officiating in the church). With increasing weakness slight jaundice supervened, and persisted to the last. Of late there had been not infrequent blood loss from hæmorrhoids and by epistaxis. Such is a short history of the case prior to his coming under my observation on September 3rd, in consultation with Dr. Phillips, of Hurstbourne, when his appearance was as follows: Well built, fairly nourished, no lack of fat, slightly jaundiced, and of a deepish lemon-colour over head, face, and neck, but much paler over rest of body; skin dry and waxy, with a few small ecchymoses on extremities, and light-brown pigmentations, the seats of former petechiæ; lips and mucous membranes pale; slight anasarca over whole body; eyes with wildish, anxious expression; arcus senilis highly developed; tongue furred and dry; breath rather offensive; pulse 96, soft, and very compressible; heart-sounds faint, with systolic (hæmal) bruit at base; some of the veins in both upper and lower extremities easily traceable for some distance, and hard as whipcord. No enlargement of liver, spleen, or any of the glands; breath-sounds faint, but normal; urine tinged with bile, but free from albumen; bowels generally costive, and motions of an ochry colour. Sickness supervened on taking nourishment; and besides the liquids swallowed, the vomit was mixed with darkish, grumous mucus. Temperature just below normal.

Between Sept. 3rd and 6th there was constant sickness, slight epistaxis, and lastly hæmatemesis, to the extent of a pint and a half, followed by extreme exhaustion and death.

A specimen of the blood was taken from the finger on September 4th, secured in a capillary tube, and examined by microscope six hours afterwards, when I noticed as follows:—No tendency on the part of the red corpuscles to collect into rouleaux; about two-thirds were normal in out-

line and size, the rest most irregular in shape, some being of equal dimensions, with healthy red corpuscles but granular, others larger, indefinite in outline, elongated, or forming masses having the appearance of red corpuscular detritus, many of which were twice or three times the size of normal white corpuscles: these latter elements were not increased in numbers beyond the natural proportion, but varied in size, some being barely a third of the dimensions of the larger normal white corpuscles, thus corresponding nearly with observations made by Messrs. Mackern and Davy on the blood in a case of idiopathic anæmia published in THE LANCET for May, 1877.

Newbury.

AN INTERESTING CASE OF BRANDY POISONING.

By J. A. OWLES, M.D. ST. AND.

ON Tuesday, May 16th, I was summoned to see a gentleman in a "fit," and found him lying on the floor of his bedroom in a deep sleep, with evidence of having recently vomited, and with a slight bruise on the right temple and another on the right thumb, which confirmed the supposition of a fall. His breathing was laboured, but not exactly stertorous; his heart's action was very weak and his pulse variable; the pupils were unequal, the left being a good deal contracted. It was difficult to rouse him, and impossible to get any information from him. A lady and gentleman (relatives) and the proprietor of the house in which he was lodging were present, but could throw little light on the history of the case. They said that he had come to Bournemouth for change after a very severe attack of inflammation of the right lung, that he was a little over thirty years of age, that he had been walking about "too much," and that he had been complaining of neuralgia. A friend had given him, a few hours previously, a glass of port wine, and he had also taken a "little" brandy. He had been sleeping a good deal upon the bed during the morning, but was not heard to fall, and no one knew what had happened until he was found upon the floor. Three bottles were upon the mantelpiece: one containing a tonic mixture with steel in it; a second, some creosote for local application; and a third was an ordinary brandy bottle half full. There was no reason to suspect poisoning, either wilful or accidental. The only odour perceptible in the breath was that of brandy, and it seemed unlikely that this was the cause of his illness, as he was an habitual abstainer from alcoholic drinks. We undressed him and used mild measures to keep him from sleep until we could ascertain more accurately his condition. As soon as his clothes were removed, Mr. T. B. Scott, surgeon of this town, who had also been sent for, entered the room. We then gave a little ammonia with belladonna, and some coffee, and put mustard to the legs and strong smelling-salts to the nostrils. The vomit, which had previously been scanty and somewhat like froth and treacle, was now much increased; inequality of the pupils was more marked, and the difficulty of keeping him awake was greater; but with the remedies named we roused him sufficiently to get his own account of what had happened. He admitted, in reply to close questions, that he had taken during the day, in six to eight hours, about half a bottle of brandy for the neuralgia, and added that, though an abstainer, he always took it when suffering pain. It was evident, therefore, that this was the primary cause of his fit, and that the brain pressure resulted from it. Being convinced of this, we allowed him to sleep, watched by a nurse, and left him for two hours; at the expiration of which I returned and found him somewhat better, though still drowsy.

May 17th: The patient had passed a fair night and felt much relieved, but there was still inequality of the pupils and partial loss of sight in the left eye. He also complained of a "creeping" sensation at the "top" of the head near the centre, and occasionally extending to the forehead and eyes. I gave some bromide of potassium and gentian, with a little aconite for the neuralgia, and a dose of calomel with rhubarb for the bowels.—18th: The pupils nearly equal, the sight of left eye normal, and the "creeping" sensation less. He then gradually improved, till one week after the "fit" he was well enough to return to London.

I have recorded the case for two reasons: 1st, be-