the false position in which the first phalanx is fixed, and we would suggest that in the previously recorded cases this may have been the simple explanation of a seemingly mysterious deformity. In the left foot the terminal phalanges of the third and fourth toes are both absent.

FIG. 7.

Skiagraph of the left foot. The same conditions exist as in the right foot, but in addition the terminal phalanges of the last two toes are wanting.

A CASE OF MALTA FEVER TREATED WITH MALTA FEVER ANTITOXIN.

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AND

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AN officer serving with the Mediterranean squadron at Malta contracted Malta fever and went on the sick list on August 11th, 1898. The treatment was not stated but he returned to duty on Sept. 3rd. On Sept. 23rd he was again placed on the sick list, when his temperature was 102° F. For a week previously he had felt ill, with severe pains across the eyes and at the back of the head. On Oct. 7th he went into Malta Hospital. The temperature was very variable, the highest being 103·8°. He had rheumatic pains and severe headaches. On Oct. 22nd he was invalided home and he came under our care at Folkestone on Oct. 31st.

When first seen the patient was anæmic in appearance, the heart sounds were muffled and weak, and the temperature was intermittent, subnormal in the morning and from 100° to 101° at night. He complained of rheumatic pains, his

tongue was furred, and his liver was slightly enlarged. The patient was put to bed, was placed on a milk diet, and was treated with phenacetin and calomel. He improved considerably in a few days and was put on iron and quinine and later on arsenic. Although he improved temporarily under treatment and was able to get out he constantly had relapses. His temperature never remained normal for more than a week or ten days together, his anæmic condition persisted, and he really got no better, no treatment appearing of any permanent benefit.

The patient mentioned that a friend of his had been cured by the injection of Malta fever antitoxin and he was anxious to try it himself. We could find no account of such serum on inquiry and the Naval Board knew nothing about it. We therefore wrote to Professor Wright of Netley, an acknowledged authority on Malta fever. Professor Wright being in India, Major Semple, R.A.M.C., very kindly answered our letter and informed us that they were then carrying out this treatment at Netley and that they had treated some 50 cases, including both Professor Wright and himself, with marked benefit; whereas they found that all drug treatment failed the antitoxin treatment had been generally successful. By the courtesy of Major Semple we were supplied with 60 cubic centimetres of the serum, and Major Semple also examined a specimen of the patient's blood, but the Malta fever germ was not detected and he informed us that he usually failed to find it in the blood.

On Jan. 31st, 1899, with all the usual precautions we injected 20 cubic centimetres of serum. The temperature had been below normal for five days previously. On the following day the temperature was 99° and we again injected 20 cubic centimetres. On Feb. 2nd the temperature rose to 101·6°, but otherwise the patient was very well. The temperature fell again on Feb. 4th and then for the next few days it was variable, ranging from 98° to 100°. A smart attack of urticaria came on on Feb. 6th commencing at the abdomen which was the seat of inoculation. On Feb. 12th the temperature began to rise again, reaching 102° on that night. The patient was fairly well, though the discomfort from the urticaria was considerable. On Feb. 13th as the temperature was still high, we injected a third dose of 20 cubic centimetres of the serum. This was followed by a serious reaction, the temperature rising to 104·6° on Feb. 15th and the patient looking and feeling very ill with urticaria all over his body. The joints were swollen and painful, the breathing was quick, there was slight cough, and the expectoration was tinged. It seemed that he had a general urticaria, both externally and internally, causing exudation from the various serous membranes. These grave symptoms gradually subsided, the temperature slowly falling at the same time, and on Feb. 21st it was normal and the patient was convalescent. From that day he rapidly picked up strength. The temperature became subnormal and remained so for some two or three weeks, but day by day he felt better and he has not had the slightest return of the Malta fever symptoms. His temperature has not been above normal for over a month—by far the longest period since the commencement of the illness during which it has remained so. The patient has now gone away, but he has written to us to say that he feels perfectly well and strong again. We examined his blood twice—once on Jan. 30th, the day before the first injection, when the hæmoglobin was 120 and the corpuscles were 7·3, and for the second time on Feb. 2nd, after the second injection, when the hæmoglobin was 105 and the corpuscles were 6·93.

In conclusion, we must express our gratitude to Major Semple for supplying us with the serum and for information concerning its use.

Folkestone.

NOTIFICATION OF MEASLES.—At the meeting of the Bodmin Town Council, held on April 6th, it was resolved, on the motion of the mayor, that the Infectious Diseases (Notification) Act should apply to measles.

NEW WORKHOUSE INFIRMARY.—The new workhouse infirmary for the Falmouth Union was formally opened by the chairman of the board of guardians (Mr. T. Webber) in the presence of a large assembly of townspeople. The cost of the building amounted to £2100 and the Local Government Board Inspector (Mr. H. Preston Thomas) who was present at the ceremony congratulated the guardians upon the completion of such an excellent hospital.