have not any distinct part of that vessel to examine. The explanation of the brilliant colouration of the new formations in this condition appears to be difficult. In my mind these phenomena connect themselves with certain investigations I made some time since into cases of blue sweating of the feet and blue discolouration of the urine. And I have been led to believe that the condition of the colon is intimately concerned with the production of,

Blood $\frac{1}{2}$ objective. C eye-piece. 27 mononuclear cells. 3 degenerating nuclei (a). 26 red blood corpuscles.

at any rate, some sort of forerunner of the blueness sometimes met with in sweat and urine. The course and rapid progress of the illness were of a provokingly mysterious kind and after carefully considering the previous history there are only two points which suggest themselves as possible causes, the one the exceedingly obstinate intestinal inertia and the other the distinct history of some severe attack of pharyngitis which the patient was complaining of in December last and from which she made rather a slow recovery. There must, I imagine, have been some poison in the circulation which stimulated a great overgrowth of certain tissue units, which eventually led by a misplaced activity to the death of the host.

Cheltenham.

NOTE ON A CASE OF SPURIOUS HYDROPHOBIA (LYSSOPHOBIA).

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I AM indebted to Lieutenant-Colonel D. Semple, R.A.M.C., director of the Pasteur Institute of India, for kind permission to publish the following case.

The patient, a Eurasian medical student, aged 20 years, was bitten by a rabid dog on May 15th, 1903, the bites inflicted being four deep punctures at the base of the left thumb. Seven days after the bite, on the 22nd, at 5 P.M., he suddenly complained of acute burning pain in the throat extending down the front of the chest and of great difficulty in swallowing or speaking, and he became delirious. He ran out of his room, saw a dog in the road, and immediately ran back in a state of panic. At 7 P.M. when I saw him he was lying on his bed, his whole aspect being one of extreme terror: his eyes were widely open, his pupils were dilated, and his breathing was rapid and laboured. It was difficult to extract any information from him owing to his apparent inability to grasp the meaning of a question except after it had been frequently repeated and he communicated chiefly by means of signs, with the use of an occasional word spoken with effort, the difficulty being apparently due to spasm of the pharynx. He complained of great pain in the throat and after speaking a word or two

would grasp his throat and roll back on his bed with all the appearance of suffering the acutest agony from the pharyngeal spasm. He continually asked for water and when the cup was presented to him he grasped it in both hands, staring at it with the greatest intensity, then, gathering himself together as if for a great effort, he brought the cup gradually to his lips, the hands shaking violently, and, drawing a deep breath, he attempted to drink; the attempt at once produced a violent pharyngeal spasm, he dashed the cup away and rolled on the bed, clutching at his throat and groaning. A sudden noise, the bringing of a light near him, or touching the acutely hyperæsthetic skin, especially in the region of the throat or epigastrium, produced the same effect. The temperature was 101.8° F. and the pulse was 120. Altogether the case appeared at first sight to be one of typical hydrophobia, but against this view was the fact of its being impossible for hydrophobia to develop after so short an incubation period as seven days unless fixed virus was actually injected on to the surface of the brain. The present illness could not, then, at any rate, be hydrophobia originating from the bite of May 15th and if one could exclude an anterior infection the diagnosis of hydrophobia was out of the question. There was no history of such an infection, but there was just a bare possibility of it from the fact that the patient had within the last year seen, and helped to attend to, three cases of hydrophobia in the hospital where he was a student. Further investigation bore out the view that the case was one of the spurious disease. There had been no premonitory symptoms such as headache or pains in the limbs or in the part which had been bitten, the attack developed with an unheard of rapidity, so much so that in two hours from its commencement the patient was in the condition of a true hydrophobic on the second or third day of his illness. It was noticed that the pharyngeal spasm did not spread into one of the respiratory muscles and there was no true general tetanoid convulsion such as one sees in the height of hydrophobia. The examination of the throat with the aid of a tongue depressor, an almost impossible and certainly cruel proceeding in the case of a true hydrophobic, was made with ease and it failed to excite any pharyngeal spasm. When the patient did succeed in getting some water into his mouth it was not rejected. In view of these facts it was considered that the case was almost certainly one of spurious hydrophobia, probably excited by the patient's brooding over the bite which he had suffered and its possible consequences. I ordered a draught containing 15 grains of chloral hydrate and 20 grains of potassium bromide; this was administered with considerable difficulty and the same phenomena as occurred when water was given were produced; however, by dint of firmness the patient was eventually induced to drink it. He slept five hours that night and awoke much better, and had no recollection whatever of the incidents of the previous evening; there was still some difficulty in swallowing and the skin was acutely hyperæsthetic all over the right side of the abdomen; the temperature was normal and the pulse was 108. As the day progressed the patient improved rapidly and by the evening he was practically well. On May 24th he had quite recovered and was able to resume his course of antirabic treatment which he completed in due course. There was no return of the symptoms described.

I think the case is of interest on account of the extremely close superficial resemblance of the symptoms to those of hydrophobia, which might easily have induced one, in the absence of other guiding points, especially the shortness of the incubation period, to look on it as a case of recovery from hydrophobia.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the directors of this society was held on July 8th, Mr. Christopher Heath, the President, being in the chair. Four new members were elected. There were no fresh applications for grants. The death of a widow was reported, who had received £35 a year since 1885. A sum of £1328 was voted for distribution among the 54 widows, 13 orphans, and the four recipients from the Copeland Fund, now receiving half-yearly grants. The expenses of the quarter were £46 8s. 6d. A legacy of £25 had been received from the executors of Miss Alicia Harvey and a donation of £5 from a relative of a widow who died in 1883 and had had grants of £50 a year since 1876, as a thank-offering.