was the cause, as in Dr. Hadden's Case 5. I have nothing to add to his mention of the symptoms; I agree completely with him. I have still seen two cases of unilocular nystagmus. In one of them, which I have communicated in *Centralblatt f. Prakt. Augenheilkunde* for 1888, the patient suffered from *scélrose en plaques*, and was nearly blind from atrophy of the optic nerves. He was forty-three years of age, and had his illness about twenty years previously. Also in this case the cause of the nystagmus undoubtedly is in the nervous system, and I think this is so, too, in the last case, where I, in a little girl aged eight months, observed horizontal nystagmus of the right eye, in which she was blind (cataracta polaris posterior). I think that this eye soon will begin to squint, and that the nystagmus then will disappear.

EUCALYPTUS GLOBULUS.

By HARRY BENJAFIELD, M.B.

WHILST writing this I am surrounded on all sides with plants of eucalyptus globulus, from the tiny seedling a foot high to the huge blue gum (as the tree is known here) towering up some 300 feet. The medicinal virtues of its leaves have been long known, the aboriginal inhabitants of our beautiful island knowing of and using them for various troubles. But our knowledge has never, so far as I know, been tabulated, and we labour at great inconvenience in prescribing it. The Bushmen often tell me of cures "by blue-gum leaves." One has applied the raw leaves to patches of rash; another has kept a joint affected with rheumatism enveloped in them; mothers tell of wonderful cures of diphtheria by enveloping their patients in clouds of steam from hot leaves covered with boiling water; other people, again, swear by infusions of the leaves taken in wineglassful doses for all sorts of internal troubles. In fever cases nearly everybody hangs them about the bedroom of the patients, and in various lung troubles the leaves are burnt or smoked so that the patient inhales the smoke. We have a great variety of eucalypti, most of which are found in the other colonies, but Tasmania is the home of the eucalyptus globulus; indeed, it is very doubtful whether it is indigenous to any other country, only stray plants occurring in Australia, and our Bushmen never dream of using any other variety as a medicine. When held up to the light the essential oil is seen in tiny globules scattered thickly through the leaf cells, and the most active medicinal properties appear to exist in this oil. Hitherto but little opportunity has been given to test the medicinal powers of eucalyptus globulus, as practically none has found its way into the market. The eucalyptus oil sold as given by Martindale and others is distilled from, as Martindale puts it, "the leaves of eucalyptus amygdalina as well as eucalyptus globulus, and probably other species." This is quite true. A man who had worked for years in various Australian distilleries told me that he had seen but two eucalyptus globulus trees, and they were carefully preserved to show visitors. But our people would no more think of using peppermint (eucalyptus amygdalina) for their ailments instead of blue gum than your people would use oak instead of senna leaves. The peppermint is quite unknown here as a medicine; it grows as a low shrub or stunted tree on dry, rocky hills, with thin small leaves, which are rich in its peculiar camphorous oil. But the eucalyptus globulus luxuriates in wet ground, produces large scimitar-shaped leaves, and is in many ways the true "fever" tree. It contains but a small percentage of oil, and the oil is difficult to extract, but when obtained it is very superior to that from other eucalypti. Hang a bunch of other eucalypti, such as *E. amygdalina*, in a bedroom, and a bunch of this in another, and one soon recognises by the smell and air of the room the difference in the two.

For some years medical men in Tasmania have been using eucalyptus globulus in medicine, and with excellent results. The following occurred in my own child, aged two. For four months she lay ill with infantile remittent fever, until she was reduced to a little skeleton, which we carried on a pillow. A chart of her temperatures lies before me, but far too long to copy. The chief feature is its irregularity. One day a high morning temperature would be normal by night; on another day it would be highest at

noon; another day would follow with a normal morning and mid-day temperature, to rise to 103° at night. Thus it ranged from normal to 104° all through the four months, with anorexia, constipation, chills followed by sweats, &c. Every drug I could think of was tried with Pack's graduated bedroom temperatures, diet, &c. Over and over again did we return to quinine, arsenic, &c., but they seemed to have no effect whatever. Searching through various materia medica, I dropped upon an article in an American book on eucalyptus globulus which seemed to fit the case. Some blue-gum leaves were soon obtained and a rough infusion made and given in teaspoonful doses. The first dose seemed to break up the fever, and with the exception of a little rise in temperature for one day a week afterwards she had no return until a year later, when she again sickened, and after other remedies had failed, blue gum again asserted its power, and she has since been strong and robust. Since then I have been constantly using it in fever cases taking on a remittent type. In the latter stages of typhoid, when relapses are so troublesome, it does better than any drug I have yet seen, not only acting on the fever, but I believe by its antiseptic power helping to destroy the fever germs in the system. For these cases I give teaspoonful doses of an infusion of the leaves every two hours; perhaps the oil may do as well, but I do not take kindly to it in these cases. In nasal catarrh the oil seems to me to act as a true antiseptic when sniffed up the nose as vapour, or just put a few drops into the palms of the hands and sniff up strongly. It is gaining great repute here for stopping these colds. When I find one coming on I carry a small bottle in my pocket, and take a few good sniffs occasionally as I drive along. In the essential oil we notice a great difference in smell, taste, and other characters between eucalyptus globulus oil and peppermint. That from eucalyptus globulus is an oil, the other is more spirituous in character, and for rubbing into rheumatic joints is far preferable. For injections the eucalyptus globulus to my mind is by far the best. As previously mentioned, for fever cases I like an infusion of the leaf as the purest preparation of the drug I can get, and when using the oil I like the first distillate. After rubbing up a green leaf between one's fingers a sticky oily feeling remains, and the first distillate of eucalyptus globulus is very like it; this to my mind contains valuable properties which are damaged or lost in treating with potash redistillation, &c. Other medical men here have had large experience with these eucalypti, and they tell me they always use eucalyptus globulus when giving it for fevers. Mr. Hardy gave me a striking case of scarlet fever which he treated by putting the patient in a hot eucalyptus globulus bath when she seemed in *extremis*, and with excellent results. In diphtheria it not only acts as a germicide and antiseptic to the throat, but helps to break up the relapses of fever. I am now trying it on ringworm, leucorrhœa, &c., but my observations have not been sufficiently careful to warrant any statement of its virtues in these affections.

Tasmania.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF POISONING BY CYANIDE OF POTASSIUM.

By FREDK. A. HESLOP, L.R.C.P., L.R.C.S. EDIN.,
POLICE SURGEON, BLACKPOOL.

J. R—, aged thirty-two years, photographer, took an overdose of cyanide of potassium between 12 A.M. and 2 P.M. on Oct. 9th. I made the post-mortem at 10 P.M. the same day. The skin was pale, except the sides and back, which were livid; there was much frothy mucus escaping from the mouth, and on wiping the froth away I found the lower lip red and corroded; the mucous membrane inside the mouth was white and easily stripped off. The hands were clenched, and the finger nails of a deep blue colour, and the toe-nails presented a similar appearance. On removal of the skull-cap, the dura mater was found adherent to the arachnoid, and the membranes and surface of

the brain were deeply congested; on section a few minute red points were observed. The heart, the right side, was found dilated and contained dark-blue clotted blood; the left side was contracted and practically empty. There was a large deposit of fat, otherwise the heart was normal. The lungs on removal presented a dark congested and mottled appearance. On section, frothy exudation followed, the lung tissue was crepitant throughout. There was no disease of the lungs. The peritoneal surface of the stomach was of claret colour. On cutting the organ open it was found empty; the mucous membrane was thickened and congested in patches, especially towards the pyloric end—these patches were observed at intervals almost throughout the small intestine. The liver weighed seven pounds and a half. The kidneys were enlarged. The remaining organs were normal. The washings of the stomach presented the usual tests for cyanides. A few comments on the case may be made. Cases of poisoning by cyanide of potassium are of rare occurrence, though the salt is largely used by photographers. The few cases of poisoning which have occurred have been in connexion with this trade, as in this case. The salt is usually adulterated with carbonate of potash; probably this caused the signs of corrosive poisoning, whilst the cyanide of potassium itself was the immediate cause of death by paralysing the respiratory centre. There was a history of alcoholism of two years' duration; this intensified the congestion of the membranes of the brain, and would also account for the enlarged liver and disease of the kidneys.

Blackpool.

GANGRENE AFTER TYPHOID FEVER.

BY WILLIAM GOSSE, L.R.C.P., D.P.H. CAMB.

NOTICING Dr. Dawtry Drewitt's communication on the Rarity of Gangrene after Typhoid Fever, the following case occurring in the Murston epidemic may be of interest.

Fred. P—, aged eighteen years, a brickmaker, fair and spare, with family history of phthisis; heart normal. The onset was sudden and influenza-like, with temperature occasionally reaching 105° F.; but after the third week, when he was removed to the Infectious Hospital, it never exceeded 102°, and at the end of the fifth week of the fever it became normal. There was no excessive diarrhoea or hæmorrhage, but the patient was very asthenic and torpid. The convalescence was slow, with disinclination for exertion, the feet and legs being œdematous. At the third week of convalescence the dorsum of the left foot became first purple, then mottled and gangrenous, and extremely sensitive. Perchloride of iron and quinine were given, and boric fomentations applied to the foot and leg. In a few days a line of demarcation formed, enclosing an area of about twelve square inches. It was then poulticed with linseed-meal and carbolic oil. The slough came away in a week, exposing the tendons and muscles; this had nearly granulated up when the patient was discharged in the ninth week of convalescence. In considering the pathology of the case, the œdema appears due to cardiac weakness, as there were no varicose veins. The gradual onset points rather to thrombosis than to embolism of the anterior tibial artery, which is also rendered more probable by the fact of the patient being an amateur sprinter, the artery being supported by muscles until it reaches the ankle-joint, where it would be exposed to injury and strain, and where the occlusion most likely occurred. There was no sudden pain in the limb, such as would be caused by the impaction of an embolus.

Sittingbourne.

TWO CASES OF CHLOROFORM NARCOSIS, WITH NECROPSIES.

BY F. KNOWLES, L.R.C.P., M.R.C.S.

HAVING recently been called in by our coroner to examine two cases of death from chloroform, the following brief notes may be of interest.

The first case was that of a well-nourished woman, aged thirty-four, an idiot, who died after inhaling less than three drachms of chloroform. On examination, the pericardium was healthy, the heart normal in size and position, slight deposit of fat on outside, muscle rather pale, but presenting no distinct evidence of fatty degeneration. Valves all com-

petent and healthy; no atheroma of aorta. The lungs were both studded from apex to base with miliary tubercles, and there was an old cavity the size of a walnut in the apex of the left. The intestines contained numerous typical tubercular ulcers and many scattered grey tubercles. All the other organs were fairly healthy. In the second case the subject was an emaciated boy aged seven. Here again the heart was healthy; no fatty changes in the muscle; the valves competent and perfectly healthy, with the exception of a very small patch on the anterior flap mitral valve, which appeared slightly thickened. The lungs were extensively diseased, the right being bound down throughout its greater extent with old pleuritic adhesions, and the lung itself collapsed at the base; the left lung was practically absent, being represented by a mass of soft caseous matter. The kidneys were large and congested, the right containing a small abscess. The spleen and liver were large (amyloid). The right knee-joint was one bag of pus with drainage from two places. In both these cases the heart was distinctly noticed to beat after the respiration had ceased, and in both that organ was in a healthy condition, while in both instances there was extensive disease of the lungs, and consequent diminished breathing capacity—in the first case by at least one-third, and in the second by even more than that. The practical inference here is that the lungs have quite as much to do with the risk of chloroform anæsthesia as the heart has; and it is quite as essential that before giving this anæsthetic the lungs should be examined as it is that the heart should be stethoscoped. In both cases death occurred before the intended operation was commenced.

St. Helens.

TURNING TWELVE HOURS AFTER RUPTURE OF MEMBRANES.

BY GEO. H. BUTLER, L.K.Q.C.P.I., L.R.C.S., L.M.

THE following is a report of a case I have recently attended which I think possesses some features of interest.

One morning recently, soon after 5 o'clock, I was called to a case about two miles from my house. The husband, who brought the message, said his wife had been in labour since early in the afternoon of the previous day, that the midwife had been with her all night, and now had sent him for me, as it was a "medical case." He added that a part of the child had been born ever since 5 o'clock of the previous afternoon. I attended as soon as possible, and, on arrival, found the woman to be a multipara, aged forty-two, and on examination found the hand and arm of a foetus protruding from the vulva. The membranes had ruptured about 5 in the afternoon, and almost immediately the hand was protruded from the vagina, and shortly afterwards the arm as far as the elbow-joint. The woman's strength seemed very well maintained, and the pains had not been very frequent or strong through the night, so I determined to make an attempt to push up the presenting arm and turn. This I was unable to do without chloroform, the uterus becoming strongly contracted round the child as soon as my hand entered it. However, on putting the woman thoroughly under chloroform, after some difficulty and perseverance, I was able to reach a foot and bring it down. Delivery was accomplished in about twenty minutes, there being some delay as the head passed through the brim and outlet. The child was a very large one, and when I saw its proportions I was surprised at the comparative ease with which turning was accomplished after the membranes had been ruptured so long. It was stillborn, and its position in the uterus was abdomino-anterior. The mother is making an excellent recovery. I took care to impress upon the midwife not to delay in sending another time if such a case should come under her notice.

Whitchurch.

THE LATE SIR EDWIN CHADWICK.—By the will of the late Sir Edwin Chadwick, of Park Cottage, East Sheen, the Trust Fund (subject to certain specified conditions) is to be applied, as his trustees shall direct, for the advancement of sanitary science; and by a codicil the testator suggests that his trustees may offer a Cup of the value of £20, to be given annually for a term of years to sanitary authorities at home or abroad showing the greatest reduction in the death-rate of the population in their district.