of the dejection, though I was informed that it contained a quantity of dark blood. The calomel was now stopped, but the opiates were continued; fomentation composed of the gum leaves was assiduously persevered with by the "gin" in the manner previously described. On Jan. 2nd, 3rd, and 4th, the patient was progressing favourably. The wound had healed, the swelling was gradually subsiding, and he was free from pain, except an uneasy, dull pain at the seat of the injury. The medicine was now discontinued. On the 6th and 7th he was able to walk about a little, though rather weak. On the 10th he called on me at my surgery, after walking a distance of three miles. He was still improving. By the 12th the tribe had left their camping-ground, and had proceeded thirty miles further into the interior of the bush. I saw no more of the invalid until he called on me some weeks after, and then he appeared to be hale and hearty, but quite unable to endure the fatigue of riding, an occupation he often expertly followed.

In submitting this remarkable case to the notice of the medical profession, I do so more to stimulate research into the medicinal virtues and effects of so novel and simple a remedy than with the view of pluming myself on the recovery of the patient—a circumstance I believe to be due rather to the valuable efficacy and therapeutic virtue possessed by the gum leaves than any services which I may have rendered the unfortunate sufferer. Whether it may be found to act so obediently in similar cases (abdominal wounds) in the European subject is a matter which must be left to be confirmed by future experience. Neither do I pretend to explain its *modus operandi*. But as a topical agent in severe punctured wounds it certainly appears to possess some valuable qualities; hence my desire to give it publicity through the columns of THE LANCET. In fact, the leaves of the various species of the eucalypti, it is well known, possess a peculiarly strong aroma, especially when bruised, somewhat resembling the odour of camphor. To those who may have chewed the leaves this fact is palpable; for they are not only observed to possess a bitter, but a rather pungent taste, followed by a kind of benumbing or cooling sensation in the mouth, which soon disappears. It is probably due to these aromatic ingredients, combined with some kind of astringent, mucilaginous extract or principle, that it owes such extraordinary therapeutic properties—properties, I believe, that are not only sedative and antiphlogistic, but even catalytic or antiseptic. The patient some years afterwards died, I am informed, of pulmonary consumption, a disease very prevalent among the aborigines. Gum leaves made into an ointment possess most remarkable and powerful healing properties; so also with the eucalyptus oil, which of late years has become a very popular external and internal remedy in Australia. The foregoing case is favourably referred to by Baron Fred. von Müller, K.C.M.G., F.R.S., Government Botanist to the colony of Victoria, in his valuable Descriptive Atlas of the Eucalypti of Australia, vol. x., 1884.

Molong, New South Wales.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

TUBERCULAR MENINGITIS COMPLICATING INFLUENZA.

BY A. G. HEBBLETHWAITE, M.R.C.S., L.R.C.P.L.

INFLUENZA has once more made its appearance in the midland counties, and I submit the following notes of a case which was followed closely by tubercular meningitis (as a complication).

Charles B—, aged fifteen, a gardener's boy, rather delicate-looking, was first seen on Nov. 22nd. He complained of severe pain in the loins and legs, and of great weakness. There had been rather severe epistaxis, and the patient had had a rigor. The temperature when he was seen was 102°. His respiration and pulse were increased accordingly. There was loss of appetite, nausea, and furred tongue, and the bowels were constipated. He had a short, dry cough, which was unaccompanied by expectoration. There was one small patch of broncho-pneumonia on the

front of the chest on the left side, otherwise the lungs were normal. Influenza was diagnosed, and the patient was kept in bed, liquid food being ordered. Medicine containing fifteen grains of nitrate of potash, thirty minims of solution of acetate of ammonia, and fifteen minims of compound gentian tincture, in an ounce of chloroform water, was given every four hours, and an aperient pill at bedtime.

On the following day the patient was a little better. He had slept fairly well. Temperature 100°. The bowels had been freely moved. The pains still persisted, though they were less severe. The appetite was poor.

At the end of four days, on Nov. 26th, the patient was much better. The temperature had fallen to normal, and the pains were fast disappearing. The cough still remained. Patient was now getting up. The saline medicine was changed for the citrate of iron and quinine.

So far the case seemed to me to be one of uncomplicated influenza, which was on the high road to recovery.

On Dec. 1st, when the patient was again visited, his mother stated that he was very drowsy and continually wanted to lie down and go to sleep. His appetite had fallen off, and he looked very flushed. He complained of feeling tired and of severe dull frontal headache. The tongue was furred and there was constant hiccough. The temperature was 101°. The bowels had been constipated. The pulse was small, quick, and regular. Pupils somewhat small, reacting readily to light. No squint or photophobia. Patient lay in bed all day, for the most part on his back, taking no interest in his surroundings, and only moving when roused to take nourishment. Liquid diet was ordered, and medicine containing ten grains of bromide of potassium and fifteen minims of tincture of orange, in half an ounce of water, was given thrice daily.—Dec. 2nd: Temperature 102°. Patient very unwilling to take food. Room darkened, as there was photophobia.—3rd: Patient becoming gradually worse. Pulse small and irregular. Can only be roused with difficulty. An ice-bag applied to the head and hot bottles to the feet.—4th: Twitchings of arm and fingers of right side and picking at the bedclothes well marked. The left arm and leg quite useless. Mouth drawn towards right side. Reflex (patellar) increased on left side. Tâche cérébrale very well marked. Calomel purge given.—5th: The abdomen is very hard and firmly held. Temperature 99°. Respiration 40, harsh and shallow. Bowels still constipated. An enema given. Urine drawn off by catheter to relieve retention.—6th: Condition becoming rapidly worse. Pupils dilated; patient comatose. Peculiar and unpleasant odour about patient. Urine drawn off. Croton oil given on tongue. Nutrient enemata given. Temperature 98°. Patient becoming emaciated.—7th: Patient sinking. Pulse very small and quick. Respiration Cheyne-Stokes in character at times. Temperature 94.6°. Catheter passed. Nutrient enemata continued. The patient gradually sank, and died during the evening.

There was a strong family history of phthisis in the above case, and a history of a severe fall on the ice twelve months before, which was followed by constant attacks of epistaxis. No post-mortem examination was allowed.

Girtford, Beds.

BLOODLETTING FOR THE RELIEF OF CEREBRAL CONGESTION FOLLOWING INFLUENZA.

BY GEORGE W. WHITELEY, M.R.C.S.

ON July 13th I was called to see J. H—, a farmer, aged sixty-four, who had always been a hale, hearty man. I found him complaining of great drowsiness, and slight pains, more or less general, all over the body, with well-marked occipital headache. The temperature was normal, and the urine on examination yielded negative results. I came to the conclusion that he was suffering from a mild attack of influenza, and ordered a saline aperient mixture. Before proceeding further I may here remark that I had just ceased attending his wife and servant for a rather severe attack of that malady. During the next three days his condition became worse, and the drowsiness having considerably increased, two blisters were applied to the temples, and a large ice-bag to the head; the bowels not having acted, five grains of calomel were administered. On the following day his condition being unaltered, and the calomel not having acted, I gave him a copious enema and effectually emptied the lower bowel. For the next four days he gradually got worse, his temperature was subnormal, the urine was passed involuntarily, respiration was of the well-marked