five by seven inches, in which it was of a dead white colour without a single spot of purpura. It was a most remarkable appearance: the outlines were sharply defined and the skin was smooth, not raised. Here where he had put a large mustard-leaf was the only place in which the skin of the body looked natural; everywhere else it was either deeply congested or hæmorrhagic.

The patient died 15 minutes after our visit. On Feb. 24th he had taken a long bicycle ride, and on the 25th he had felt tired. On the 26th he consulted Dr. Brock who found the temperature to be 99.4° F. and the pulse 84. On the 27th the temperature was 100.8° and the patient had great pain and stiffness in the muscles and he had incessant vomiting, for which he had applied the mustard-leaf. In the evening he seemed worse and later very suffused, but there was no purpura. There was a little blood in the vomitus and in the urine. On the morning of the 28th Dr. Brock was shocked to find him with purpura, and he had had bleeding from the stomach and kidneys. The vomiting and the muscular pains suggested the possibility of malignant small-pox, but there were no papules about the forehead or wrists, and so far as he knew he had not been exposed.

The case comes in the category of the severe purpura hæmorrhagica of unknown origin. The feature of special interest is the absence of purpura in the limited area of skin upon which a blister had been applied. The stimulation of the mustard had altered in some way the capillary walls, rendering the cells insusceptible to the endotheliolysis, which (as in the snake-venom experiments) we may suppose to be the primary change, under the influence of some unknown poison.

Oxford.

CASE OF CEREBRAL HÆMORRHAGE FOLLOWED BY HYPERPYREXIA AND DEATH.

BY VINCENT P. NORMAN, L.M.S.S.A. LOND.

THE following case may prove of some interest, being, as it was, followed by hyperpyrexia—a clinical fact not often recorded if we judge from a perusal of literature bearing on the subject. Dr. William Osler in his text-book on medicine mentions that in basal hæmorrhage “the temperature may be high,” and other authorities, while making the same statement, do not say as to how high the temperature has been known to rise. Hence my reason and apology for recording the following case.

In the present instance the patient, aged 52 years, was of powerful build and plethoric appearance. The history obtained was that up till the age of 36 years he had been a rigid teetotaler, when he gave way to alcohol and had been drinking steadily ever since until about six months before his death. During the last 15 months he had had in all three “strokes,” very mild in character and all of which appear to have cleared up completely; his fourth and last attack occurred on July 28th, 1908, leaving behind it left-sided hemiplegia and incontinence of both urine and fæces. When the patient came under my observation on July 31st I found his left arm and leg completely paralysed. He was conscious but appeared to be dazed and answered indistinctly and in monosyllables when spoken to and only after the question had been repeated several times. His temperature on July 31st at 2 P.M. was 100.4° F., the pulse being 78, and the respirations 24 per minute. On the evening of the same day I was asked to go and see him again as he had taken a turn for the worse. On feeling his skin I was at once struck by the sensation of extreme heat imparted to the hand. The pulse was of low tension and 130 beats to the minute; the respiration had risen to 36, and the temperature taken in the axilla was 108.4°. As the patient was in evident grave danger I decided on trying the effect of cold as a means of reducing the temperature. It was found impossible to move the patient out of bed into an iced bath as he was fully 18 stones in weight, so I got a mackintosh under him and wrapping him in a sheet sprayed it all over with iced water, lumps of ice being left between the sheet and the patient's body. At the same time he was fanned vigorously so as to cause rapid evaporation. At the end of one hour the temperature had fallen to 104°, and the pulse was still rapid and perceptibly weaker. The cold

spraying was continued and a hypodermic injection of one-thirtieth of a grain of strychnine hydrochloride was given; the pulse improved somewhat. An hour later the thermometer registered 101.2° in the axilla, the pulse was 100, and the respirations were 34 per minute. The application of the cold water was now discontinued, the patient dried rapidly and was covered with a light dry sheet, another hypodermic injection of strychnine being given. I now proceeded to examine the lungs for possible pneumonia but could detect no signs of such a condition; the cardiac sounds were weak, a blowing systolic murmur being audible in the mitral area. The temperature was now taken at intervals of an hour and showed a steady rise, till by midday on August 1st it had risen to 107.6°. The application of cold was resorted to again with the result that by 2.30 P.M. the temperature had fallen to 102.4°; it, however, soon after began to rise again, and when I saw the patient at midnight he was very weak and obviously sinking fast. The axillary temperature was 108.6°, the rectal 109°, the pulse was scarcely perceptible at the wrist and so rapid that it could not be counted, and the respirations were Cheyne-Stokes in character. It was clear that nothing more could be done. However, I continued the sponging with iced water and packed the patient around with ice and gave him one-twentieth of a grain of strychnine hypodermically, but he in no way responded to the treatment and died at 1.35 A.M. on August 2nd, the axillary temperature just before death registering 109°.

In the above case a point of some interest was the rapid rise of the temperature and its equally rapid fall under the influence of cold, the latter causing a drop in the first instance of something like 7° in two hours and again of 5°, although just before death supervened the temperature remained unaffected by the treatment. Unfortunately the exact seat of hæmorrhage could not be accurately localised, post-mortem examination being unobtainable.

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NOTES ON TWO CASES IN WHICH THE APPENDIX WAS PRESENT IN A HERNIAL SAC ON THE LEFT SIDE.

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IN THE LANCET of Jan. 9th, 1909, p. 100, Dr. A. D. Griffith describes a case in which he found the appendix in a left inguinal hernia in a woman, and gives references to the literature showing that this condition is extremely rare. For this reason it may be worth while to record two similar cases, not otherwise remarkable, which I have recently seen.

The first case was one of left-sided inguinal hernia in a man, aged 45 years, who was operated upon in April, 1908. Symptoms of strangulation had existed for three days before admission to hospital. A big tense sac occupied the scrotum and on clearing and opening it I found the cæcum, the appendix, and parts of the ileum and ascending colon. The colon had a distinct mesentery. The whole was returned, the opening was closed in the usual way, and the patient made a good recovery.

In the second case the patient, a man, aged 40 years, was operated upon in September last by my assistant surgeon, Dr. Aly Bey Ibrahim. There was a large irreducible inguinal hernia which filled the left side of the scrotum and contained the cæcum, the appendix, parts of the ileum, the ascending and transverse colons, and a quantity of omentum. A good deal of omentum was removed and the operation was completed in the usual way. The patient went home healed a fortnight later.

Neither case showed any obvious abnormality, and in both there was noted to be a distinct mesentery. Both patients were Egyptians.

In three cases in which I have recently found the cæcum and appendix in a hernia on the right side two were instances of hernia by *glissade*. In the third case, in which the hernia was strangulated, the colon possessed a mesentery which was attached higher up the abdomen. In one of these cases the distended cæcum lying in the scrotum had been previously diagnosed elsewhere as a hydrocele and tapped, with disappointing results. Fortunately, it was adherent and no harm resulted.

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