

extra-capillary pressure rise higher than the intra-capillary or blood pressure? This would depend upon whether or not the chyle still continued to be absorbed. But would the chyle be absorbed at all? If, then, chyle absorption were stopped, what would become of nutrition? where would the blood be replenished by two-thirds of its corpuscles? would the patient survive beyond a week? Suppose, however, that the cell protoplasm continued to absorb chyme independently of blood pressure, would there be a retrograde movement of chyle into the circulation? Of course I am considering the blood pressure at its normal standard and not lowered from any cause. But if chyle did still transude into the capillaries—if I may be allowed to use the phrase—what, I ask, would be the termination of the continually increasing pressure with an obstructed thoracic duct cutting off all chance of compensation? General embarrassment of the circulatory mechanism? cyanosis? heart failure? Chyluric patients are moderately well, they are fairly well-nourished, not profoundly anæmic, and they get better from time to time in a highly pleasing and most remarkable manner. Nothing can be more illogical than to seek to destroy the parasite after the injury to the lymphatics due to its presence has been permanently established and to do this with the intention of curing chyluria. But there is no reason why the system should not be purged of filariæ, if it is possible to do so, before the bad effects of their presence are apparent, provided we have the means of diagnosing their existence early. To maintain the good health of parasites in the body may be a wise proceeding, and the only way of doing this, I should say, would be to keep the infected person in good health. Is the good health of the host compatible with the presence of the worm in his blood? This is the question at issue. It is a curious and doubtless significant fact that Cochinese who come to the General Hospital with lymph and elephantoid scroti invariably have a history of periodical and recurrent attacks of fever, during which the enlargement of the scrotum is markedly noticeable. Does the filaria, then, produce the fever? or does the fever cause the filaria to abort?

Dockray-square, North Shields.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

THE TREATMENT OF ASIATIC CHOLERA.

BY SURGEON-LIEUTENANT-COLONEL DUKE,
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As it appears probable that cholera may yet be imported into England it seems suitable to record any form of treatment that has been attended with marked success. The subcutaneous use of strychnia and pilocarpine was advocated by Dr. Ffrench Mullen, Bengal Medical Service, in the *Indian Medical Gazette* of July, 1892. My own way of carrying out this treatment is briefly as follows, each case requiring modifications or additions according to its merits: A pill consisting of two grains of calomel and half a grain of extract of cannabis indica was administered and repeated every second hour for three doses. If the pill was vomited pure calomel was placed on the tongue. In the case of adults five minims of liquor strychniæ (P.B.) with five minims of water were then injected into each arm. After from four to six hours five minims were again injected and repeated up to twenty minims and twenty-five minims in twenty-four hours. The success of the remedy was known by the return of the pulse—frequently in twelve hours—and by the voice. During the next twenty-four hours from ten to fifteen minims were generally used, and again during the third twenty-four hours. To promote urinary secretion—say, after from eighteen to twenty-four hours or more—one-eighth of a grain of pilocarpine was subcutaneously injected, the action being marvellous and rapid. To check hiccough, nausea and sickness five grains of antipyrin (one or two doses) acted wonderfully. Mustard plasters were sometimes used to the stomach and the limbs. Fluids were freely allowed, as also good plain soup. If severe cramps formed an urgent symptom the calomel was given as directed; twelve grains of chloral hydrate were first subcutaneously injected, two grains in ten minims of water into each limb, the strychnia being used after an interval with the best

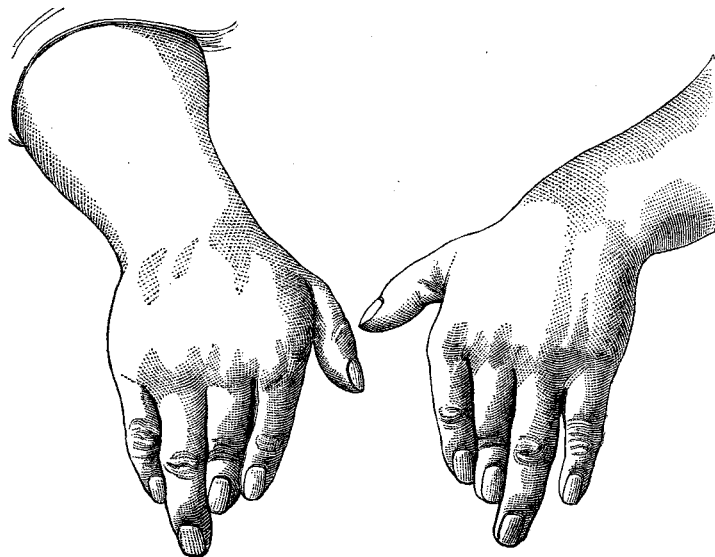
results. Such opposite treatment may call forth criticism, but during a cholera epidemic results must take the place of theories, especially where, as in India, medical men hold isolated charges over enormous areas of country. With the return of the pulse recovery may be looked for hopefully, and once urine is passed a patient should recover. The stools may remain watery for several days, but the re-appearance of bile is a happy omen and shows that the calomel is doing its work. The doses of calomel are small, and of course larger quantities might be used. This valuable drug encourages the secretion of bile, a matter of vital importance; it disinfects the intestinal canal, while the Indian hemp probably relieves the spasm of the bloodvessels. The subcutaneous treatment of cholera, whatever drug be used, commends itself in a disease where, as a rule, the stomach cannot retain drugs, the only exception being calomel. I have ventured to send this brief note for publication in THE LANCET because, after twenty years' Indian experience, the treatment quoted has proved more successful in my hands than any hitherto used.

Sidarpore, Central India.

CASE OF UNEQUAL GROWTH OF FINGERS.

BY GEORGE A. HAWKINS-AMBLER, F.R.C.S. EDIN.

THE girl from whom the photograph was taken from which the annexed engraving was drawn is twelve years of age, strong, well-developed in every other respect and intelligent, and her brother and two sisters are quite normally formed. Her father has a similar deformity, and it is common to her father's sister and her father's cousin. It will be observed that the condition is symmetrical, it is not axial, and the third finger of each hand is the only one that is fully grown. There is no deficiency of phalanges, though



some are shorter than others. Each finger has three phalanges; in one the proximal phalanx is small, in another the middle or distal one, and it is sometimes difficult to be certain that there are three. But three there are in each finger, and the child uses the hand well for all purposes, can write and grasp well, and is apparently at no inconvenience from the abnormality from which she suffers. I communicate the case and engraving in the hope that it may interest some readers who are engaged in the study of such conditions as are here depicted. I have shown the patient at the Medical Institution, Liverpool.

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ILEO-COLIC INTUSSUSCEPTION WITH VERY LOW TEMPERATURE.

BY DUNCAN J. CADDY, M.B.

ON Jan. 9th, 1893, a male infant aged five months was put to bed at 8 P.M., after having just passed a motion. The child was entirely breast fed and in good health, but troubled with flatus. At 10 P.M. he awoke, crying loudly and vomited. He then went to sleep for three hours. On the 10th he awoke