rather than my own, as they give the records of an independent observer. He writes under date Feb. 26th, 1901:—

Only five cases of rheumatism came into hospital free from cardiac trouble. Of these five, three developed cardiac symptoms, and in each of them the sign of which you told me was well marked.

No. 1, Mrs. —, admitted Oct. 20th, 1900. Heart normal; expansion of chest normal. Oct. 21st: deficient expansion on left side. Oct. 24th: systolic murmur heard in mitral and pulmonary areas. Subsequently disappeared.

No. 2, —, aged 18 years, admitted Nov. 26th, 1900. Heart sounds and chest expansion normal. Nov. 29th: deficient expansion on left side of chest. Nov. 30th: systolic murmur in pulmonary area. Jan. 15th, 1901: systolic murmur in pulmonary and mitral areas.

No. 3, —, aged 19 years, admitted Jan. 28th, 1901: heart sounds and chest expansion normal. Jan. 31st: deficient expansion of left chest. Feb. 2nd: heart sounds faint, no murmur (myocarditis). Feb. 5th: well-marked pericardial friction. This patient died and pericarditis, endocarditis, and myocarditis were found post mortem.

It seems to me incredible that this sign should not have been previously recorded, but I know of no such record. I advance it for the consideration of the profession in the belief that it will prove true and useful.

Guernsey.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON THE RESULTS OBTAINED BY THE ANTI-TYPHOID INOCULATIONS IN EGYPT AND CYPRUS DURING THE YEAR 1900.

By A. E. WRIGHT, M.D. DUB.,
PROFESSOR OF PATHOLOGY, ARMY MEDICAL SCHOOL, NETLEY.

I AM indebted to the kindness of Colonel W. J. Fawcett, R.A.M.C., Principal Medical Officer in Egypt, for the following statistics dealing with the incidence of enteric fever and the mortality from the disease for the year 1900 in the inoculated and uninoculated among the British troops in Egypt and Cyprus.

	Average annual strength.	Number of cases of enteric fever.	Number of deaths from enteric fever.	Percentage of cases calculated on average annual strength.	Percentage of deaths calculated on the same basis.
Uninoculated ...	2669	68	10	2.5	0.4
Inoculated... ..	720	1	1	0.14	0.14

These figures testify to a nineteen-fold reduction in the number of attacks of enteric fever and to a threefold reduction in the number of deaths from that disease among the inoculated.

In a note appended to the statistical table printed above Colonel Fawcett observes that the measure of protection resulting from the inoculation is not fully disclosed by a comparison of the figures of cases and deaths given in the table. Owing to the circumstance that soldiers inoculated in previous years are in the statistics included among the uninoculated, the number of the uninoculated was in reality less, and the number of the inoculated was in reality greater, than the figures set down for these groups in the first column of the above table. The figures in the second and third columns, on the other hand, accurately represent the number of cases and deaths in the inoculated and uninoculated, inasmuch as none of those inoculated in previous years contracted enteric fever.

A further point adverted to by Colonel Fawcett is that the only case which occurred among the inoculated occurred in the case of a patient admitted to hospital on the thirty-third day after inoculation. It would seem that the disease was in this case contracted before anything in the nature of protection had been established by the inoculation.

Netley

PRIMARY LARYNGEAL DIPHTHERIA.

By E. M. SPENCER, L.R.C.P. & S. EDIN., M.D. TORONTO.

THE case of suspected laryngeal diphtheria published in THE LANCET of April 6th, p. 1009, by Mr. A. De Winter Baker induces me to send a short note of a very similar case, but one in which laryngoscopy was available leading to a positive diagnosis. On March 17th, 1901, I was called in to see a boy, aged 14 years, who was said to have a "cold." I found the patient dressed and, with the exception of slight hoarseness, seemingly not very unwell, with a pulse of 104 and of good volume, and complaining merely of slight sore-throat. A careful survey of the pharynx revealed nothing but a little hyperæmia of the fauces, and I made a diagnosis of slight laryngitis and expected the patient to mend soon. On the following day, however, I received a message that the boy seemed very "bad in his throat," and on my second visit he was suffering from constant slight dyspnoea with occasional exacerbations of urgent distress, accompanied by great excitement and cyanosis. There was now complete aphonia. Inspection of the pharynx revealed nothing but the slight redness noticed before. There was marked stridor on auscultating the trachea which became very loud on the accession of an attack of "suffocation" which was doubtless partly spasmodic. I inquired as to the possibility of lodgment of a foreign body, but this was negatived. Seeing that the case was urgent and rapidly growing worse I had the patient removed to my house for purposes of examination. Laryngoscopy revealed firstly great redness and swelling of the arytenoids, and then a larynx and a trachea literally full of typical diphtheritic membrane, the trachea being reduced, as far as I could judge, to about one-third of its normal diameter. The boy returned home and I followed immediately and injected 2000 units of anti-diphtheritic serum. The patient has made a steady recovery and is now practically well. At no time was a trace of membrane visible to ordinary examination. The aphonia was complete for a week, but the voice has now regained considerable volume.

Modbury, Devon.

FOREIGN BODY IN THE EAR.

By L. K. HENCHEL, M.D. VIENNA.

THE following short account of a case in which a foreign body was impacted in the ear may, I think, be of interest.

The patient was a girl who, when five years old, had a bead of a rosary put into her ear in sport by a playfellow. This fact was kept secret from her parents and teachers (nuns) for two and a half years. After that time the ear was so troublesome that the child was taken to a specialist and then the story came out. The second time this specialist syringed the ear a white bead was found in the basin, but the girl remarked that the rosary from which the bead had become detached was a black one. No attention was paid to this remark at the time. For two and a half years the child suffered more or less from irritation in, discharges from, and pains in, the ear with loss of hearing. The case came to me on Feb. 15th, 1901, with a well-developed furunculosis. As the swelling in the meatus subsided under treatment I saw a black object partially obscuring the membrana tympani, and on syringing with moderate force a shell of japan lacquer came out. The meatus was very much reddened where the foreign body had lain so long—namely, for five years. When the little patient came to me the next day she had a rather severe hæmorrhage from her ear. I could plainly see blood oozing out from the reddened surface. I moistened some pure cotton with liquor ferri sesquichloridi, twisted it firmly over a fine boxwood stick, such as is commonly used on the continent for a toothpick, and under the guidance of the light applied it to the bleeding surface. The further history of the case was quite uneventful. The blood-clot formed by the styptic came away in two portions several days afterwards and the girl, who had been unable to hear a watch quite close to the affected ear, can now hear it as well as with the other ear, and a tuning fork is heard better now with the affected ear than with the other one. Neither the rosary nor the white bead is now to be found, a thing not to be wondered at after a lapse of several years.

Villa Carlotta, Bordighera.