The weather was fine and cold. Rigor mortis was extreme all over the body, which was well nourished. There were no bruises or wounds to be seen. On removing the scalp the dura mater was nowhere adherent to the skull cap but was very congested, and the veins and sinuses about the brain and cerebellum were filled with dark liquid blood. The membranes were nowhere adherent to the brain. On slicing the brain horizontally, from above downwards, no local extravasations into the brain substance appeared. Both lateral ventricles were full of dark-coloured semi-fluid clots. Body: The muscles, including the diaphragm, were very congested, of a lake-red colour; the superficial veins of the stomach and intestines were greatly distended with dark liquid blood, and the pericardium was normal, its cavity containing about two ounces of clear fluid. The right lung was almost generally adherent to the chest walls laterally and posteriorly and to the diaphragm, no fluid being found in either pleural cavity; the lungs were congested, the apices being healthy. The heart was normal in size, both ventricles and auricles being empty and all valves competent. The liver was normal, except slightly adherent to the diaphragm opposite to the adhesion of the right lung. The stomach contained only a very little fluid; it was not opened but was tied, cut out and sent with the liver, spleen and kidneys in one jar, and with the brain in another, for chemical analysis. The intestines were slightly distended but empty. The right kidney was very large, a little congested, and the capsule was non-adherent; the left kidney was very small (about one-fifth the size of the right), and the capsule was adherent. The bladder contained only a little urine.

At the inquest, held on April 11th, I gave evidence to the effect of the above notes, and in replies to direct questions I stated I thought that the death was due to poison and that the poison was strychnine. The inquest was adjourned till May 2nd to allow time for analysis. The reports from the county and assistant county analysts were that strychnine had been found in the viscera sent. The verdict was, "Death from poisoning by strychnine, but no evidence to show how administered."

In these cases I believe there are some symptoms not usually to be found in cases of poisoning by strychnine—namely, the vomiting and the almost immediate unconsciousness. I suppose that in each case a large dose of the poison was taken when the stomach was empty and the shock caused the hæmorrhage into the ventricles. In both cases respiration slowed rapidly, whilst the pulse continued with slight alteration and stopped after cessation of breathing. Both the patients were healthy, strong and young, and were in comfortable circumstances. Such cases are rare in country practice, and judging from the strange circumstances and symptoms I think in all cases of sudden illness the possibility of poisoning should never be lost sight of and it is particularly to be desired that the vomit (if any) be preserved, for in some recorded cases of strychnine poisoning where the vomit has been lost the analysts have failed to find the alkaloid in the viscera.

Stanley-street, Ormskirk.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

THE TREATMENT OF TUBERCULOUS DISEASE OF JOINTS BY THE INDUCTION OF LOCAL ŒDEMA.

BY W. H. BROWN, F.R.C.S.I.

THERE appeared in THE LANCET of Nov. 19th, 1892, an account of the treatment of tuberculous disease of joints by the application of elastic ligature above the affected parts. The results were noted as having been very satisfactory. I have since had opportunities of trying this plan of treatment in nine cases taken from amongst my hospital patients, and my experience does not in any way enable me to confirm the favourable report given by Mr. Page. The cases were as follows: Two diseased knee-joints, in an early stage, without sinuses; two diseased ankles, also in an early stage in children under seven years of age; two diseased

elbows, one in a patient aged twenty-two and one in a patient aged seventeen, both in an early stage; two diseased wrists, both being old cases with sinuses, in patients aged twelve and fifteen; and one interphalangeal joint of the thumb, in a boy aged fifteen. These cases were daily under observation for one month, and the treatment was carried out in strict accordance with the description contained in Mr. Page's article. At first a slight improvement was noticed, but this may be fairly attributed to rest in bed and better surroundings. Everyone connected with a hospital knows that a few days in bed make a vast difference in the appearance of the tuberculous joint of an out-patient. At the end of a month, in the cases referred to above, both of the knees and one of the elbows were excised and the ankle was amputated. The patient who was the subject of the other elbow case withdrew from the hospital and we could not trace him. The boy with the diseased inter-phalangeal joint of the thumb, whom we treated as an out-patient, certainly improved for a time, but we had every reason to suspect that he removed the ligature as soon as he left the hospital and replaced it just before he came up to be seen. The wrist cases remained in much the same condition as they were before the treatment was commenced. It will be interesting to know whether any more extended trial of the œdema treatment has been made, and, if so, whether any measure of success has attended its application. Whilst on theoretical grounds it appears reasonable to suppose that tuberculous affections of the skin might yield to the œdema plan, it hardly appears possible that the same result will follow when deeper parts are involved. The pain produced was not great. Of course it may be said that in all these cases the disease was too far advanced to permit of the passive œdema checking its course. I can only reply that the cases were in an early stage and appeared to answer the description of the class of cases mentioned by Mr. Page as being under treatment at Kiel.

Queen-street, Leeds.

ULCER OF THE TONGUE.

BY WM. ROBERTSON, M.D. GLAS.,

SURGEON TO THE THROAT AND EAR HOSPITAL, NEWCASTLE.

A SHORT account of the following case, in which a novel mode of treatment was adopted with a successful issue, may not prove uninteresting. The patient, a man about forty years of age, when I saw him on March 20th last was suffering from an ulcer of the tongue. There was a history of a specific taint acquired about six years ago. The affection of the tongue had extended over a period of four years and he had been under treatment elsewhere. He had taken stimulants freely and had during the whole time smoked considerably. The organ was painful to touch and during mastication. On his protruding the tongue, which he could do freely, it was observed to be large, flabby and indented, and its surface was covered by a shaggy, grey, thick fur. A large transverse track three quarters of an inch long, with an ulcerated floor, stretched across the mid-dorsal region, and at its right extremity there could be felt in the substance of the tongue a rounded, painful swelling. Rather more than a quarter of an inch in front of this fissure there extended another one, which was neither so long nor so deep, but, like it, had an ulcerated floor. Two quadrilateral areas of thickened and infiltrated mucosa were noticed in front of and behind the anterior fissure, being hard to the touch and prominent. To the right of these areas there extended longitudinally, for over one inch, a shallow ulcer less than a quarter of an inch broad, the edges being indurated. Two symmetrically placed, round, indurated nodules were discovered near the tip in the substance of the tongue and the submaxillary glands were found to be enlarged and indurated, but painless. The treatment consisted in the surface of the tongue being freely soaked for some time in a 20 per cent. solution of cocaine containing resorcin and then being dried with cotton-wool. With a dermal curette the dense fur was entirely removed, with the result that a much better view of the lesions could be obtained. With a dermal galvano-cautery point at a red heat (after injecting a 20 per cent. solution of cocaine in a 2 per cent. carbolic lotion) the thickened areas of mucosa were freely punctured and the three ulcerated tracts were well scored over with the cautery. The effect of the first application was the disappearance of pain from the tongue, easier mastication &c. and a reduction in size of the