vasculosa being more numerous than usual; the brain appeared otherwise normal. Heart soft and flabby; right auricle and pulmonary artery contained firm decolourised clots; valves healthy. Lungs congested. Spleen enlarged, very soft and friable, and tore on removal. Liver much enlarged, adherent to diaphragm; surface rough and some thickening of capsule in parts; section very soft and fatty. Kidneys much congested, otherwise normal. The bladder was empty.

Remarks by Mr. MALE.—This case is interesting in illustrating the relationship between tonsillitis and acute rheumatism, to which Dr. St. Clair Thomson recently drew attention in THE LANCET, May 24th, and in showing once more the efficiency of the cold pack treatment in reducing temperature. Like many of the cases published, the hyperpyrexia was preceded by an alleviation of the joint symptoms and by insomnia. The occurrence of hyperpyrexia within forty-eight hours of the commencement of the rheumatic fever is unusual, and the extreme reflex excitability, at the last approaching almost a hydrophobic condition, I have not found mentioned in other cases. Death apparently did not result from exhaustion, but from spasm of the muscles of respiration. Some observers have noticed an increase in the amount of urine passed previous to the rise of temperature. In this case no urine was passed for ten hours previous to death, and at the post-mortem examination the bladder was found empty. The question arises, Was the suppression of urine caused by the elevation of temperature, or was it a factor in its production? The fact that there was no return of consciousness after the reduction of the temperature, and the subsidence of other grave symptoms, show the necessity of having early recourse to the wet packing, and not waiting till such alterations have taken place in the brain from the excessive tissue change, as must so seriously interfere with its functions and materially lessen the patient's chances of recovery.

SOOREE CHARITABLE DISPENSARY.

A CASE OF CATHETER FEVER; DEATH.

(Under the care of Dr. G. C. ROY, Civil Surgeon.)

JOOGUL, aged about thirty-two, Hindoo, came to the dispensary on May 19th, with the following history of his case:—Eight years ago he had gonorrhœa, and he had passed water in small streams for the last five or six years. Until about a month ago he could urinate only in drops, and with great difficulty and straining. Micturition was frequent, some fifteen or sixteen times in twenty-four hours, and each act used to take him half an hour, and made his life miserable. His urine was said to be clear. In other respects he was healthy looking. Catheterism was attempted. There was a tight stricture in front of the membranous portion of the urethra, which barely permitted a No. 3 catheter (English) to pass. As there was some bleeding in the manipulation, no further attempt was made on that day, but the patient was dismissed with a dose of quinine and tincture of opium.

On the following day he attended the dispensary with fever, which had come on some time during the night. A saline diuretic mixture and tincture of Indian hemp gave relief, and the patient soon felt as well as ever. He could pass water in better streams, and he asked permission to go home and present himself after a few days. He remained well for two days, when he had a relapse of fever, but not without shivering. The fever was of a remittent type; but the patient being away from any medical advice, nothing was done for three days. On the fourth day he returned for treatment. His temperature was then about 103° in the morning; pulse 120; great thirst, burning of the body, and restlessness, and complete anorexia. The bowels were costive. There was no pain over the bladder or perineum, or any tenderness on rectal examination or thickening. In fact, very careful examination was made to detect any formation of pus. He complained of pain over the region of the right kidney, which was full and tender, without any distinct sense of fluctuation. His urine was turbid and milky, as if mixed with pus, and contained bits of soft tissues. A poultice was applied over the right loins, and a mixture of Indian hemp was given. This was changed afterwards to quinine, tincture of perchloride of iron, and tincture of henbane; brandy was also given. On the 1st of June the temperature became subnormal. The body was bedewed with cold clammy

sweat. Costiveness gave place to diarrhœa. Thoracic râls indicated œdema of the lungs, and he sank on June 2nd, retaining consciousness to the last.

Reviews and Notices of Books.

The non-Bacillar Nature of Abrus Poison. By C. J. H. WARDEN and L. A. WADDELL. Calcutta. 1884.

THIS little volume embodies the results of an inquiry into the existence of the so-called "bacillus of jequirity seeds, with observations on the nature of abrus poison, its chemical properties and physiological action. The practical application of the knowledge thus far acquired to the treatment of cases of abrus poisoning is also indicated. The opportunity of Dr. Koch and the German Cholera Commissioner at the Medical College Hospital, Calcutta, enabled the authors to conduct the bacterial part of the research with a thoroughness which they could not otherwise have hoped to attain. It is a little unfortunate for the authors that the main principle for which they contend has been anticipated in England by two other independent workers—namely, Klein and Benson.

In the first chapter the question of the presence in the seeds of jequirity of specific bacteria or their spores is discussed. The intensity of the abrus ophthalmia is said to depend on the strength of the infusion and the frequency of its application, and this fact is held to be inconsistent with bacterial infusion, and to be an argument in favour of a chemical action. The mere presence of bacteria at the site of inflammation is not regarded as remarkable, for the infusion used by Sattler was unsterilised, and the albuminous constitution of the infusion was specially favourable for the growth of micro-organisms. In the third chapter the essential lesions of abrus poisoning are contrasted with the alleged bacterial lesions described by M. Cornil. The sixth chapter deals with and disproves the alleged immunity against further attack which attends the injection of a single small dose.

The second part of the work is chiefly concerned with the chemical nature of abrus poison, the activity of which is held to depend on a substance of proteid characters, which is named abrin. The physico-chemical properties and composition of this active principle, its place amongst the proteids, and its relations with vegetable albumen are likewise treated of. It has also been found that the albumen of the roots and stems of abrus precatorius is poisonous. This discovery is of very great practical importance, and should serve to banish from the Indian Pharmacopœia the roots of this plant, which are recommended as a substitute for those of glycyrrhiza glabra as a demulcent. The poison is, however, only active when directly introduced into the circulation. Abrin is said to bear in many respects a strong analogy to snake poison. Like it, it may be taken by the mouth with impunity. Heat lessens the activity of both poisons, but affects abrin much more powerfully. The toxic symptoms of these two poisons also exhibit a certain degree of similarity—general depression, drowsiness, fall of temperature and hæmorrhagic lesions. The marked differences, especially the convulsive phenomena, are considered to be accounted for by the more complex constitution of snake virus. A chapter is devoted to an account of the physiological effects of abrin on the blood, circulatory system, body temperature, nervous and other systems.

The last part of the text has to do with the management of cases of abrus poisoning. It appeared from experiments on chickens that dialysed iron given hypodermically at the seat of the abrus injection prolonged life.

We have recorded a sufficient outline of this excellent work to point out its careful and painstaking nature. The alliances of abrin with venom globulin might tempt to a hasty generalisation.