cases, even when the initial symptoms are of a mild character and point to the attack being of the "simple" form, for it is never possible to predict with certainty what course the inflammatory process will take, and there is always the risk of a termination in suppuration. Supposing, however, that this does not take place and the appendix is allowed to remain, it will probably be left more or less thickened and contracted or bound down by adhesions, and therefore in such a condition that sooner or later the attacks will almost certainly recur. If all cases of appendicitis are operated upon in the early stage, as soon as the diagnosis is established, I believe that the danger will not be any greater than that which attends removal of the appendix in the quiescent period following one or more attacks. In the latter circumstances appendectomy is frequently a complicated operation owing to the presence of adhesions, the result of the previous attacks, and the appendix may be so fixed and buried in these adhesions that its recognition, as well as its removal, are often attended with considerable difficulty.

As regards the after-treatment in the cases recorded in the accompanying tables drainage was employed in every instance and even when suppuration had not taken place a small tube was left in the wound for 36 or 48 hours, perhaps rather as a safeguard than because it was absolutely necessary. When there was an encysted abscess or localised suppuration larger tubes and strips of gauze were inserted and a counter-opening was usually made in the loin, or through the vagina in females, when the pus tracked down into the pelvis. Care was always taken to disturb the parts around the area of suppuration as little as possible, so as not to break down any protective adhesions which might be forming. When the suppuration was general one or more openings were also made in the middle line or on the opposite side of the abdomen; and under the same conditions Fowler's position, and Murphy's method of saline injections into the rectum, were employed in some of the cases.

Manchester.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CAVERNOUS NÆVUS: TREATMENT BY METALLIC MAGNESIUM.

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MY attention was first directed to the above mode of treatment by a paper on the subject by my friend Dr. Gavin McCallum of Geelong, Australia, in which he reported one or two cases in which highly satisfactory results were obtained by the method to be described.

The patient, a weakly girl, 15 months old, was first seen by me at the Elder Hospital in May, 1905, suffering from a large cavernous nævus of the right side of the face which occupied the whole substance of the cheek, being covered superficially by a layer of thin, white skin resembling that which is seen covering scars which have stretched, while internally it projected slightly into the cavity of the mouth, being covered by the mucous membrane which appeared healthy and of normal texture. The tumour was larger than a walnut normally, but increased considerably in size when the patient cried, while it diminished slightly on digital pressure. Slight arterial pulsation was felt. The patient was first operated on in July, 1905, then in January, 1906, and, lastly, in July, 1906, so that a period of six months elapsed between each application. After the first operation the tumour increased in size for a few days succeeding the operation, became firmer, and conveyed a sensation of increased warmth to the touch. It then gradually decreased in size and became distinctly firmer, presenting more definite outline than it previously had done. Similar results followed the other two operations, but after the third operation I was still doubtful as to the entire success

of the treatment; the tumour had become distinctly smaller and firmer, but I was still uncertain whether some tumour tissue did not remain. The patient became ill shortly after the third operation, so that I did not see her again until November, 1907—over a year since the third operation—when I again had an opportunity of examining her. I now found that the tumour had entirely disappeared, the cheek presenting, on palpation, a thickening over the site of the tumour, due doubtless to the connective tissue which had formed as a result of the treatment. Not only had no scar resulted from the treatment but the skin over the surface, which it will be remembered was of a very unsatisfactory character when first seen, had slightly improved.

The mode of treatment, which I modified slightly, consisted in preparing several needles cut from magnesium ribbon. These were sterilised by boiling and were introduced by pushing with a pair of forceps into the substance of the tumour through a slight puncture in the surface made with a bistoury. The needles were entirely buried in the substance of the tumour, no part being left projecting on the surface, and care being taken to prevent perforation of the mucous membrane on the inner surface. Some six or eight needles were introduced on each occasion into various parts of the tumour, strict asepsis being observed throughout, and the surface operated on was covered by a film of gauze with celloidin to exclude contamination after operation. The magnesium ribbon is a little troublesome to manipulate owing to its being both soft and brittle, but with a little patience these difficulties are overcome. I do not know of any other method which would have yielded an equally satisfactory result in this case, where the tumour was large and situated on the most prominent part of the face where scarring or change of contour would at once attract attention.

The beneficial action which the magnesium needles exert in such cases is probably due to two causes. In the first place, the needles exert a mechanically irritating effect on the walls of the vessels with which they come in contact, a constant movement being kept up both by the pulsation of the little arteries and by movements of the cheek. In consequence of this movement the endothelial lining of these vessels will be abraded and a white thrombus will form, as has been demonstrated by Sir William Macewen to occur when an aneurysm is treated by his method of needling. This is the more important action. In the second place, magnesium, as is well known, is very readily oxidised, and this process of oxidation appears to take place very rapidly in the tissues; indeed, so rapid was the process in the case here reported that it was difficult to detect the presence of the needles in the tissues some three or four days after their introduction. This, of course, is an important point in this method of treatment, as it enables one to bury the needles at the outset, thus permitting rapid healing of the minute surface wound, and the needle is removed after a few days by the oxidising action of the blood and probably the leucocytes. During the oxidising process, however, the magnesium probably causes the formation of small red thrombi, in addition to the white ones mentioned above. The embryonic fixed tissue cells in the white thrombi will rapidly become converted into adult connective tissue, while the red thrombi will to some extent be replaced by similar fibroblasts which will also become converted later into adult connective tissue. The connective tissue so formed will occlude the vessels in connexion with which it grew, and, by its subsequent contraction, will obliterate the vessels in its neighbourhood. Thus the ultimate result is occlusion of all the vessels of the tumour by fibrous tissue formation, which ultimately will greatly diminish in bulk.

Glasgow.

A NOTE ON THREE CASES OF PLAGUE TREATED BY YERSIN'S SERUM.

BY AUSTIN C. DIXON, L.R.C.P. LOND., M.R.C.S. ENG.,
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IN the fourth Croonian lecture by Professor W. J. R. Simpson, reported in THE LANCET of July 27th, 1907, the following remarks are made: "Great expectations were raised on the introduction of Yersin's serum but they have not been realised and a serum has yet to be discovered which while being germicidal in its action also possesses antitoxic properties." I must acknowledge that up to now

I have not what one might call an extensive personal experience of plague, as most of my cases are sent into the lazaretto here and then I lose sight of them, but I should like to report the effect of Yersin's serum in the few cases of foreigners that I have treated myself as I feel sure that this serum is maligned.

CASE 1.—The patient was a woman, aged 22 years. I was called to see her about 4 P.M. Her temperature was 103° F. Her face was flushed and she was feeling very ill. I visited her at 8 A.M. on the following day when her temperature was 105°. I called in the medical officer of health who confirmed my opinion that it was a case of bubonic plague. At 12 noon we gave an intravenous injection of Yersin's serum, the dose being 80 cubic centimetres. About two hours later the patient had a rigor. On the day after there was no fever and she was feeling much better. In this case the patient completely recovered except that she suffered from rheumatism about 14 days later, the effects of the injection.

CASE 2.—The patient, a man, aged 50 years, was admitted to hospital as a case of typhoid fever (?). His temperature was 102° F., the pulse was dicrotic, and the spleen was palpable. Two days later a bubo appeared in the left groin. The patient was given 40 cubic centimetres of serum intravenously with the effect that the temperature fell to normal, but he had no rigor. Two days afterwards the temperature again rose to 102°; the same dose was repeated and the temperature fell to 100°. The man died, however, in a comatose condition, and I believe that in this case I gave insufficient serum but was advised not to increase the doses.

CASE 3.—The patient, a man, aged 25 years, was seen at 12 noon. His temperature was 106° F. in the rectum. He had been quite well the day before. I called in the medical officer of health who agreed that the man was suffering from bubonic plague. The patient was given an intravenous injection of 80 cubic centimetres of serum. His temperature on the next morning was normal. On the following day the temperature in the rectum was 104°. The dose was repeated and the temperature fell to 100° and kept so for two days, when he began to cough and to expectorate pneumonic sputum. This was examined microscopically and was found to contain numbers of bubonic bacilli. On examination the right apex was found to be consolidated. I then thought the case almost hopeless and gave the patient an intravenous injection of 130 cubic centimetres of Yersin's serum. Two hours later he had a severe rigor. The temperature on the following day was normal, there were much less cough and sputum, and the lung was better. After this the patient made an uninterrupted recovery except that about ten days later he had rheumatism and fever, no doubt due to the injections.

These are the three cases that I myself have attended and they seem to me to show that: (1) unless the patient has a rigor after the injections they have not had a large enough dose; (2) that the doses advised are not nearly large enough for severe cases; and (3) that there is no ill effect from large intravenous injections of Yersin's serum.

I am unaware what dosage is generally used in India, but I presume from about 20 to 40 cubic centimetres as per instructions. At the same time I am aware that three cases are insufficient to judge from, but I was anxious to give only those that I myself could vouch for, although I could get plenty more examples of large doses from the Chilean lazaretto in this town with excellent results.

Antofagasta, Chili.

NOTE ON A CASE OF SEPTICÆMIA DUE TO PNEUMOCOCCUS; DEATH.

BY JOHN BELL, L.R.C.P. LOND., M.R.C.S. ENG.,
SUPERINTENDENT OF THE GOVERNMENT CIVIL HOSPITAL, HONG-KONG.

AN Indian male, aged 22 years, was admitted to hospital under my care on Dec. 1st last, with a fluctuating swelling just below the left clavicle which he attributed to having tried to raise a very heavy box a few days previously. The abscess, containing about two ounces of pus, was opened on the next day and the case progressed well up to the 12th when there was still a small sinus about one inch in depth. The patient was most anxious to leave the hospital but he was kept in until the wound was completely closed. On the next day he complained of feeling chilly with pains all over and there were a few fine crepitations at the base of the right lung.

His temperature in the morning was 99° F. and in the evening it was 100°. On the 14th he felt better, the temperature in the morning being 98·4° and in the evening 100·8°. On the 15th he was very seriously ill. He had much pain and discomfort all over the abdomen, especially over the bladder, where there was a diffuse swelling extending to the flanks. There was slight delirium, the tongue was very dry and furred, and there were hæmorrhages under the conjunctivæ and petechial eruption all over the body. The temperature was 100·6° and the pulse was very small and quick. The wound looked well. A blood slide showed no plague bacilli or malarial parasites, but was full of normoblasts. The patient was not anæmic. He rapidly succumbed and died in the afternoon.

Post mortem, the abdominal swelling consisted of a large extravasation of blood between the skin and the peritoneum through all the muscular layers and extending on both sides to the back to the level of the pelvic brim. Smears from this were full of typical pneumococci. The heart was covered with small petechiæ, and the blood from the ventricle showed almost a pure growth of capsulated pneumococci. All the other organs were healthy and the wound was normal, though a scraping from the sinus also showed pneumococci. Dr. C. M. Heanley, Government bacteriologist, who was present at the time, kindly saw the slides and agreed with the diagnosis of septicæmia due to pneumococcus.

The patient was a healthy, well-nourished Indian and the abscess was quite superficial and was treated throughout aseptically. It is difficult to understand why, when he was practically well, such a serious disease should arise which carried him off in 48 hours.

Hong-Kong.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

THERAPEUTICAL AND PHARMACOLOGICAL SECTION.

Nutmeg Poisoning.—Arterio-sclerosis and its Causation.

A MEETING of this section was held at the Apothecaries' Hall, Blackfriars, on Jan. 28th, Dr. T. E. BURTON BROWN, the President, being in the chair.

Professor A. R. CUSHNY gave an address on Nutmeg Poisoning. He referred to the scanty recognition of this in English medical literature and noted the work of his former assistant, Dr. Wallace, in America, who found that cases of poisoning occurred exclusively from the use of the crude nutmeg or mace; in many instances it had been used as an abortifacient, although it does not appear to have this action. As far back as 1576 Lobelius relates a case in which a woman was rendered delirious by nutmeg. The symptoms are drowsiness, stupor, diplopia; delirium frequently is present, and sometimes the first symptom is burning pain in the stomach, præcordial anxiety, or giddiness. One case of death in a boy occurred after eating two nutmegs. The symptoms resembled those caused by cannabis indica. Professor Cushny showed how the powerful poison was contained in the oil of nutmeg and it was the fraction which came over at 150°C. under 14 millimetres mercury pressure; from this several bodies have been isolated—e.g., myristicin. From experimental work Professor Cushny came to the conclusion that the symptoms were to be attributed to the action on the central nervous system, which was depressed but exhibited some indications of stimulation in the form of restlessness, slight convulsive movements, and tremor. The oil also had a marked local irritant action, whether given by the mouth or hypodermically. The stomach wall was found red and injected, the urine often containing albumin.—Dr. POWER (introduced by Professor Cushny) said that he had been working on the chemistry of oil of nutmeg, which he found a very complex mixture. He had isolated large quantities of myristicin which did not conform in its features with the substance described by Semmler under that name. He drew attention to the very small amount of myristicin contained in the quantity of nutmeg necessary to induce poisoning, this suggesting a doubt to his mind whether the symptoms were entirely due to this body.—Dr. J. GRAY DUNCANSON mentioned the case of a woman who aborted after taking, amongst other things, a ground nutmeg in gin;