time that the articulation had been opened. Purulent arthritis followed its course in spite of all we could do. The pus diffused into the thigh, the leg, and the popliteal space, the ganglions of the groin began to suppurate, and a purulent collection formed in the internal iliac fossa. I proposed amputation of the thigh, but the family refused all active intervention, and the child died after three months' incessant suffering.

A man, forty-eight years of age, very thin, and of a cachectic appearance, came under the care of my friend, M. Oulmont, at the Hôpital Lariboisière, for an acute malady presenting all the symptoms of typhoid fever. During the course of the disease a gangrenous patch formed on the dorsal aspect of the right foot, and when this fell one could see the tendons and ligaments of that region as well as some of the metatarsal bones. It was in that condition the patient was passed into my wards. I tried to improve the general health, and at the same time cleansed the wound, which had rather an ugly appearance. The patient was making slow progress when suddenly he had a rigor accompanied with vomiting and a high temperature. Shortly after traces of lymphangitis were to be seen starting from the wound on the foot. The red streaks were distinctly visible on the anterior and internal aspects of the leg, inside of the knee, and all along the course of the femoral vessels in the thigh. Rest, emollients, and mercurial frictions were ordered along the inflamed parts, and soon afterwards all the mischief disappeared except near the knee, where some lymphatic vessels became more and more swollen, and finally gave rise to a badly circumscribed phlegmon occupying the whole internal aspect of the joint. The articulation remained healthy for a while, but two days after, just as I was about to incise the phlegmon, the inflammation was communicated to the synovial membrane. I thought at first that it was only a simple hydrarthrosis owing to the neighbouring inflammation, but when I had incised the abscess I found that the contents of the articulation, also composed of purulent matter, poured through the cutaneous incision. This complication supervening in a man already worn out, and who was passing a quantity of albumen in his urine, rendered the case hopeless. With much regret I proposed amputation, but this was refused, and the patient died at the end of eighteen days. The post-mortem examination showed a strongly injected synovial membrane, destroyed cartilages, and the spongy tissue of the bones exposed. The ligaments were softened and ruptured.

I met with the fourth case in 1869, whilst I was at Lariboisière Hospital. A man, thirty years of age, who had always enjoyed good health, though of a rather sickly appearance, came under my care in the month of December for an extensive swelling of the foot and leg of some days' standing. The symptoms were those of phlegmonous erysipelas, and began round an ulceration which had been caused by a badly-fitting boot. The temperature was very high, the abdomen distended, the tongue dry, there was intense thirst—in fact, the general condition was very unsatisfactory. Rest, elevation of the limb, mercurial frictions, purging, and sulphate of quinine, ameliorated this state, and all that remained was a phlegmon of the big toe, which opened spontaneously near the interphalangeal articulation. At the end of a few days the patient was able to walk about the ward. This improvement did not last long. Without any known cause the general symptoms suddenly returned, and the limb became again swollen, but this time as high up as the groin. The knee became extremely painful, considerably aggravated by the slightest touch or movement. It was easy to see that arthritis had set in, complicating the erysipelatous swelling. An appropriate treatment caused the swelling of the limb again to disappear, but the knee still remained enlarged and fluctuating, being manifestly affected with hydrarthrosis. Blisters were applied round the joint, and the fluid diminished a little in quantity; but the general condition of the patient remained unaltered, the temperature continued high, and soon an eschar formed over the sacrum, while an attack of pneumonia of septic nature came on and caused a fatal termination of the case in the latter part of February. At the post-mortem examination a large quantity of serous fluid, slightly clouded with pus, was found in the articulation.

My last case occurred at the beginning of the year 1878. A tall, thin, sickly-looking man, about sixty years of age, came under my care for subacute hydrarthrosis of the right knee of two or three days' standing, which gave him a little pain and caused him to limp. On examining the limb, I

saw on the dorsal aspect of one of the toes a slight wound covered with a crust, and also an oedematous swelling of the leg, with two or three red fluctuating spots; on the inside of the knee were two lymphatic abscesses, typical in nature. My diagnosis was hydrarthrosis following on lymphangitis. This last-named affection had disappeared, and only left the circumscribed abscesses; but, on questioning the patient, we found that about ten days previously his leg had suddenly become swollen, painful, and streaked with red lines. These symptoms had been accompanied by malaise, fever, and rigors. I placed the limb in an apparatus, opened the three little abscesses of the leg, and contented myself with painting the two situated inside the knee with tincture of iodine. In a week these two collections disappeared, as did also the hydrarthrosis, and the following week the patient left for the convalescent home at Vincennes.

The five cases I have related present the greatest analogy one with the other. A small wound on the foot is the commencement; then, in four instances, lymphangitis of the large vessels takes place, with formation of circumscribed abscesses; and in the fifth case we have a kind of phlegmonous erysipelas very much resembling diffuse lymphangitis. With the exception of the little girl, who was rather sickly, the patients were all anæmic, weak, and of a poor appearance, consequently would be favourable subjects for diffused inflammations. In each case where we were called upon to watch the invasion of arthritis, we remarked that the symptoms came on very suddenly, and with great intensity. In three cases the arthritis was purulent from the beginning; in the two others the fluid remained serous or sero-purulent. In four cases arthritis was preceded by lymphangitis and the formation of circumscribed abscesses. In the fifth case the articulation seemed to become affected at the same time as the leg became tumefied.

Several conjectures may be made upon the mode of transmission of the inflammation. One may suppose, for instance, that the lymphatic vessels coming from the synovial membrane and opening into the larger vessels become inflamed from their termination down to their point of origin in the synovial membrane. This mode of propagation is met with in superficial lymphangitis of the limbs. It may also be conjectured that, as the subcutaneous lymphatics are only separated from those contained in the synovial membrane by a thin layer of fibrous tissue, the inflammation forced that barrier. There is no reason to doubt the possibility of the opening of one of the lymphatic abscesses into the articulation. The purulent arthritis continues its course, which is more rapid if the patient is in a debilitated condition. It is thus that the death of the first three patients is accounted for, having refused all operative interference which might possibly have saved their lives. Hydrarthrosis naturally offers much less cause of apprehension, and in our last case we saw it disappear very rapidly. The diagnosis is generally easy, for it will always be possible to recognise the lymphangitis or the initial abscesses.

I have little to say about the treatment. The only lesson to be gained from these cases as to the treatment is that lymphangitis situated on the inside of the knee should arrest special attention. Early incisions are also, I believe, an advantage.

As yet all my cases have had reference to the knee-joint, but I am quite ready to admit that other articulations may become the seat of similar affections.

Paris.

A CASE OF URTICARIA HÆMORRHAGICA.

By DYCE DUCKWORTH, M.D., F.R.C.P.,

ASSISTANT-PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL; EXAMINER IN PRACTICE OF PHYSIC IN THE UNIVERSITY OF EDINBURGH.

IN THE LANCET of Oct. 7th, 1876, I described a case of one of the rarer forms of urticaria—viz., *U. bullosa*,—and I now have to record some brief notes of an equally uncommon variety which has been termed “hæmorrhagic urticaria.” The affection was strictly limited to the helices of the ears in the following instance.

The patient was a woman, E. A.—, aged twenty-seven, married, without family. On the 14th of August last she came for advice to the hospital, and was seen by my colleague Mr. Marsh, who passed her on to me. The history was that six weeks previously her ears (the helices) had

become sore and itchy. At the same time patches of raised, stinging eruption had appeared on both arms.

So far as could be ascertained, there was no overt cause for these outbreaks, and no dietetic indiscretions were acknowledged. The eruption on the arms had passed away, and caused no further annoyance, but the ears continued troublesome. The patient could give no account of the appearance presented at this time. She had procured some ointment from a druggist, which, on application to the ears, had apparently done more harm than good.

On examination there were seen to be several dark-purplish patches on the helix of each ear. These were hard, puckered and dry in places, and presented at first sight much the appearance of portions of dry gangrene about to become detached. In the less dry patches there was evidently effused blood. There were no signs of purpuric affection in any other part of the body. The tongue was flabby and slightly furred. There had been no previous attacks of urticaria, or of any similar affection. The heart was found to be natural, and there was no history of rheumatism. Unguentum zinci was ordered locally, and some carbonate of soda in bitter infusion given internally. In a week there was most marked improvement in both ears, and the patient did not return.

Several of my colleagues saw the case, and agreed in the diagnosis of urticaria occurring in a hæmorrhagic form on the ears. The long duration of the case was no doubt due to the extravasations, and it is not unlikely that some irritating ointment had added to the original trouble.

It seemed right to exclude both the affection described as purpura urticans, and any variety of multiform erythema in which hæmorrhage sometimes occurs.

Grafton-street, Piccadilly, W.

CASE OF PUERPERAL CONVULSIONS.

By H. B. VINCENT, M.R.C.S. &c.

ON August 26th, 1877, I was summoned about 4 A.M. to see A. C—, aged nineteen, a fine, well-made, healthy woman, unmarried, but eight months advanced in first pregnancy. Had always enjoyed good health; family history good; onset of present illness sudden. When I first saw her, the puerperal convulsions were well marked, being very severe, and occurring frequently. The insensibility to external impressions of all kinds was very profound. She was passing water very freely, and her bowels were much relaxed. On making a vaginal examination, I found the head presenting. The os would barely admit the tip of the finger, and there was not the least sign that labour was likely to set in. I applied sinapisms to the calves of the legs, and prevented the patient from damaging her tongue, and waited. As the convulsions increased in severity, and the insensibility was becoming very profound, I bled her to fourteen ounces from the arm, but this seemed to have no material influence. At the end of six hours from first seeing her, finding that the patient's condition did not improve, and that there were no signs of labour coming on, I drew off a small quantity of urine, which was highly albuminous and very dark, then introduced the smallest of Barnes's bags, and slowly dilated the os with warm water. After introducing the largest bag, and dilating it as far as possible, I removed it, and found the membranes protruding. I waited a short time to see if the pains would come on to dilate the os a little further before rupturing the membranes; but as no pains came, I ruptured the membranes, discharging a small quantity of discoloured and very offensive liquor amnii. I then applied the long forceps, and with great difficulty delivered, with only a slight rupture of the perineum, not sufficient to require a stitch. The child had been dead some time; the head had undergone considerable compression from the forceps. The placenta was adherent, and I had to introduce my hand to remove it. During the whole of the proceedings the convulsions continued, the insensibility remaining profound. The time taken, from the introduction of the first bag to the delivery, was nearly an hour. When seen in the evening she was still unconscious; very quiet; breathing freely; pupils contracted; fair amount of discharge. Catheter used; about one pint of urine, one-eighth albumen. Temperature 102°; pulse 120. Had three

slight convulsions since the morning; takes beef-tea and milk; tongue very much lacerated by the teeth; vagina to be frequently syringed out.

Aug. 27th.—Slept well; slightly conscious; unable to speak; no return of convulsions; has taken nourishment well; bowels not open. Catheter used; urine acid, specific gravity 1015, about one-eighth albumen. Temperature 99°; pulse 120; respiration 24. Lochia fair in quantity, inoffensive.

28th.—Has had a profound sleep; consciousness quite restored; can speak fairly well; appetite good. Catheter used; urine slightly albuminous; breasts painful. Extract of belladonna ordered. Temperature 99°; pulse 108; respiration 30.

From this date the patient progressed well. The albumen gradually disappeared from the urine; the breasts gave no trouble; has had no more return of the convulsions, and her health has been excellent.

Remarks.—I have brought this case forward in order to hear the experience of members of the profession in cases of severe puerperal convulsions occurring before labour has fairly set in, and in which the convulsions are continuous and severe and the coma profound and unintermitting. Whether venesection, the administration of purgatives, antispasmodics, sedatives, and the inhalation of chloroform, have proved useful allies in their hands, or whether these temporising agents are not fraught with mischief, in this class of convulsions, where the exciting cause is peripheral and not central, the correct interpretation of the pathological conditions seeming to me to point rather to the speedy evacuation of the contents of the uterus (the mortality of the mothers being one in four), and as in the great majority of cases the fœtus is dead (about one in three), we have less compunction of conscience in using means to reduce the bulk of the child in order to facilitate its rapid removal. Therefore, supposing a case of severe convulsions to occur in which the os was closed, rigid, and undilatable, and in which, as far as human judgment could foretell, the profound coma would end fatally, would one, in the face of the accumulated experience of surgeons in dealing with the abdominal cavity under the antiseptic method, be justified in resorting to Cæsarean section in order to attain what I believe to be the goal of treatment—viz., rapid delivery?

East Dereham, Norfolk.

POISONING FROM AN OVERDOSE OF SWEET SPIRITS OF NITRE.

By H. CRIPPS LAWRENCE, L.R.C.P. LOND.

ON March 29th, 1877, G. W—, aged eighteen years, came under my notice, and I was informed that for some days past his manner had been strange and confused. On the evening of my visit his friends became alarmed, as he wandered in his mind, threatening to cut his throat. His mother had ascertained that for three weeks past he had been taking an ounce of sweet spirits of nitre in water at intervals during almost every day.

I found the patient on my arrival delirious and incoherent in his manner, drowsy, as if he had been taking alcohol, which was not the case. When he was roused he could answer questions, complained of headache, and said he had found it difficult to walk straight of late. He could see clearly, the irides being somewhat dilated, acting feebly. Skin and tongue were dry, breath smelling strongly of ether. Pulse 60, small and hard. Constipation well marked. No vomiting. Urine had not passed since early morning, and had been scanty of late. Bladder empty on pressure above pubes. Diaphoretics (solution of acetate of ammonia), warm bath, aperients, and a linseed and mustard poultice over the renal region were ordered.

March 30th.—Had a good night. Skin was beginning to perspire. Constipation and suppression of urine unrelieved, although he had had two doses of aperient medicine. Calomel and jalap were now prescribed in pills, and a linseed-meal poultice to be continuously applied over the kidneys. At 6 P.M. evidently better. Bowels had acted twice, and one ounce of urine voided with the first motion, and more with the second. Pulse 80, softer. Not so drowsy; less headache. A little urine was passed for examination,