fluids of the body have more to do with the production of malignancy than the tissues; and, if this be so, may not the initial lesion resolve into one where "supply and demand" are the most important factors?

PYÆMIA FROM AN UNUSUAL SOURCE, SIMULATING ENTERIC FEVER.

By E. F. FUSSELL, M.B., M.R.C.P.,
PHYSICIAN TO THE SUSSEX COUNTY HOSPITAL, ETC.

ENTERIC FEVER is so frequently under our observation that its easy recognition would be thought to follow from constant attention to its special features. Nevertheless, those amongst us who are occasionally called upon to give an opinion upon the more complicated cases of this disorder are obliged to confess that, in spite of clinical and pathological knowledge, our diagnostic acumen may be every now and then hampered, if not entirely baffled. To rightly interpret anomalous phases of the disease in question we are often compelled to pass in review other complaints which produce symptoms akin to those that are perplexing us. There are several such, too well known to need enumerating. I recite the following case because, in our researches to explain its somewhat obscure symptoms, we detected an unexpected source of evil, which we believe to have been the means of enabling us to arrive at a precise diagnosis of our patient's illness. Moreover, in my opinion its peculiar features recall forcibly to one's mind the notable observations on the absorption of septic products, published as leading articles in THE LANCET of April 2nd and 16th, under the title of "Blood Diseases and the Germ Theory."

I was requested to see in consultation a young man, in good circumstances, reported to be suffering from typhoid fever. I am indebted to a medical friend for the following notes:—

F. B.— was first visited on December 6th, 1880, suffering from diarrhoea without abdominal tenderness; temperature 103°; pulse frequent, 120; white tremulous tongue, not red on the tip or edges. Complained of having, for about a fortnight, what he termed a severe cold, aching limbs, and general depression. He had taken medicine from a chemist. He gradually became worse. The pulse became more frequent, with a peculiar thrill, very compressible, and for two days before death, which occurred on December 14th, it rose to 140 and 150. The temperature rose and fell rapidly without any corresponding alteration in the general symptoms. He passed on several occasions copious stools, much resembling the discharges from the bowels in enteric fever. Throughout the illness there were "no spots." During the last week pleuro-pneumonia supervened, affecting the lower half of the right lung. In the night of December 10th he had a prolonged rigor, and for the last four or five days profuse cold sweats. No enlargement of the spleen could be detected. His urine was high coloured and slightly albuminous. He became very deaf, but his mind was clear till four days before his decease; he was without headache or obscurity of thought. The last forty-eight hours he was delirious, talking and shouting. About ten months previous to this last illness he contracted a chancre, which was followed by an unusually severe attack of eczema.

In running through the various symptoms presented by this patient, notwithstanding that many of them resembled to a certain extent those of enteric fever, yet two were wanting, and these two so frequently found in the fully developed form of this disorder that my attention was at once arrested by their absence. (1) The tongue was not covered with a thin or thick white fur, nor were its margins red; (2) there was no eruption, rose-coloured or otherwise. There was no special sanitary defect about the house or premises; during the last few years no case of enteric fever in the village had come under observation; and I may here add that in the five months which have elapsed since the decease no case of fever has occurred in the young man's family. There were no signs of any affection of the joints, or evidence of subperiosteal abscess. We drew back a long prepuce, and exposed the glans penis; this was covered with an abundant creamy pus, and half its surface was occupied by a soft chancre in a sloughing state. We determined that

there had been absorption into the system of this pent-up matter, and that our patient was suffering from pyæmia. As the symptoms were acute—that form of pyæmia, in fact, from which patients rarely recover—we gave a most unfavourable opinion to the parents, without detailing our discovery.

It will, of course, be asked how it came to pass that an examination of the penis should have been made. In this way. Some months previously I saw this patient, who was then covered from head to foot with a most copious eruption of acute eczema. He confessed to having had a chancre, was treated with mercury, and gradually recovered. Fortunately, in the above difficulty our researches were thus aided, and our perplexity, as we believe, solved, by a previous acquaintance with our patient's proclivities. No post-mortem examination could be obtained.

Brighton.

OBSERVATIONS ON WHOOPING-COUGH.

By JOHN COLSTON, L.S.A.L.

WHOOPING-COUGH is a disease produced by a peculiar blood-poison which is absorbed and exhaled by the bronchial and pulmonary mucous membrane; therefore it is highly contagious, the air of the sick room and the evacuations and perspiration of the patient being charged with the poison. It is not a disease peculiar to childhood, but attacks all ages, though most common among children—indeed, I have known them born with it, the mothers having suffered from it for some time previous to their confinement. It is both endemic and epidemic—endemic in districts like this, where there is a very heavy clay soil with thick fog at night, sometimes even in summer. The poison may appear in many forms, as mentioned in my letter on the Welbeck poisoning, in THE LANCET of March 12th, but generally takes the form of catarrhal pneumonia, particularly in children. It may attack a person exposed to infection at once, as acute pneumonia, meningitis, &c., or may lie dormant in the system, even for months, producing merely slight weakness, till called into action by cold, change of air, or weather. A person may have an attack in winter, appear quite free from it during the following summer, but on the approach of winter again it returns.

In all the forms which this poison takes there are distinct exacerbations from about 4 P.M. to 8 or 9; then again from 10 or 11 till 5 or 6 A.M., after which time the patient may feel better until the afternoon. The exacerbations vary according to the part most affected by the poison; if the lungs, there is more cough, greater dyspnoea, often accompanied by disordered action of the heart simulating heart disease, but which arises from the circulation through the lungs being impeded by their congested state; if the brain is most affected, delirium is more violent, often more vomiting and diarrhoea. There is another peculiarity I have observed in patients suffering from pneumonia: the stools are occasionally almost white, as if the mucous coat of the hepatic and common ducts were affected in the same way as the pulmonary mucous membrane, and occluded for a short time by mucus. The pneumonia may also be preceded by convulsions, and seems to have a preference for the left lung.

On Dec. 22nd, 1877, I was sent for to see an infant in convulsions. When I arrived it was quite insensible, but not convulsed, except slight twitching of arms and legs; pupils contracted; thumbs turned into the palms. I examined its chest, as I invariably do under such circumstances, and found a mucous râle in the subscapular regions of both sides (which is the usual place). I applied two small blisters there, to be kept on for two hours, and followed by hot poultices changed frequently, and gave salines with tartrate of antimony. Next day the child was better. There had been no more fits, but it had coughed rather more (and this is often the case; when the congestion of the mucous membrane is relieved the poison passes off by it more freely, thus producing an increase of cough, which will improve as the treatment continues). The child continued to improve, and on Jan. 4th was quite well again.

The gravity of whooping-cough is not generally known or acknowledged, and if brought before some members of the profession is scorned, either because they cannot under-

stand or do not care to investigate it. I give a case in point.

July 9th, 1879, I was requested to visit a little boy who, with his mother, had come to stay with some friends a short distance off. I was told that he had suffered from a slight cough for some time, and seemed to have taken cold on the journey; he was very feverish, thirsty, &c., and slightly rambling in speech. I examined his chest carefully; respiration roughened and rather louder in the usual places, other parts of chest simply quickened. I applied two small blisters, to be kept on for two or three hours, to be followed by the hot poultices, and gave my usual mixture. His mother asked me the nature of his illness. I said "congestion of both lungs from whooping-cough." The next day he was better, and improved constantly until July 21st, when he was quite well again. I warned his mother to be very careful, as the weather was cold and wet; but some days after I received a note from her, saying that she was obliged to return home, and asking if he could be removed safely. I declined to take the responsibility of sanctioning it, but told her what precautions to take if it were positively necessary; thus I was not surprised to hear soon after that he had been ill again.

On Sept. 25th his mother called to pay my account, and told me that he was getting on well again; she also said that her medical man at home had told her that my diagnosis of the child's illness was wrong, and that he did not agree with my opinion. I answered her that the success of my treatment proved the correctness of my diagnosis, as the child was dangerously ill for two or three days only, and the whole attendance lasted only twelve, that if the gentleman, whose name I did not know, disagreed with my opinion, that arose from his want of knowledge.

On Sept. 1st, 1878, Mrs. G. C.—brought her infant to me; it had suffered from cough for some time, and when she came had diarrhoea with very offensive stools. I attended it for ten days, when it had quite recovered. Its grandmother had constantly nursed it, washed it and its clothes, and, if I remember right, it had slept with her. On Sept. 10th she sent for medicine, not feeling quite well, and on Sept. 13th sent in a hurry for me to see her about 7 P.M. I found her in bed propped up with pillows, violent pain shooting up each side of spine into the occiput and in the head, which was hot, and face much flushed; eyes injected, with contracted pupils; wandering manner; profuse diarrhoea, with very offensive stools; feeling of sickness, but not much vomiting; tongue brown and very dry. I ordered cold to the head, leeches to nape of neck, and sent a mixture with sesquicarbonate of ammonia, catechu, and cinchona, &c. There was, however, a long attendance, and when the spinal and head symptoms improved cough came on troublesome at night. That also improved, and she became convalescent towards the beginning of November. I warned her nurse to be careful of cold, but on Nov. 9th I was sent for in a hurry about 7 P.M. I found her suffering great pain in the subscapular region on the left side; it extended quite round the side to the front, and on auscultation found a mucous râle through the lower part of left lung. Cough very troublesome, great dyspnoea, with thick white expectoration. I applied a blister, to be followed by hot poultices, giving my usual mixture. She was better next day, and by Dec. 1st she was convalescent. I called occasionally in passing till Dec. 29th. I may add that she had suffered from an ulcerated leg for thirty years. This healed during her illness, nothing being able to keep it open, and she is now quite well.

In this case the child had whooping-cough, and gave the poison to the grandmother, in whom at first it assumed the form of cerebro-spinal meningitis, ultimately to appear in its true form, catarrhal pneumonia, from her catching cold while convalescent.

New Whittington, near Chesterfield.

REVELATIONS UNDER ETHER.

BY TOM BIRD, M.R.C.S.,
INSTRUCTOR IN THE USE OF ANÆSTHETICS TO GUY'S HOSPITAL.

MY first case of ether mania was that of a man between forty and fifty years of age, who had undergone a simple operation for which he required to be deeply anæsthetised. Chloroform was denied him—reason unassailable. Gas and ether had been used, the operation lasting from ten minutes to a quarter of an hour. For two hours he literally confessed; as he expressed it in the evening—"I knew what I was saying perfectly. I knew that I ought not to say it, but I could not help it, and you ought not to have left her" (the nurse) "in the room." He was right, but I did not know why until I met with my second case some eighteen months afterwards. It was that of a young married woman, a hospital patient, whom I saw from half an hour to three-quarters after the operation. She was recounting to her mother (not present), in the clearest tones, subject-matter that I do not think she would have ever confided, if conscious; it was a subject that had evidently been laid by in memory. For a quarter of an hour I tried to divert in every way her attention to her present condition, insisting that her mother was not present, without the slightest avail; she was totally oblivious of everything but her story. The patient was a lady of education and refinement, and her language had not the slightest fault in its expression, but her bedroom was a "Palace of truth."

There is not the slightest connexion between the symptoms of these two cases and the ramblings of chloroform, which are disconnected, illusory, and easily diverted, occurring mostly during administration; or the gibberish of methylene bichloride, the latter is not even noisy; but this ether mania is a noxious thing, and the lesson I would draw is that the patient should be left only in the care of a discreet and responsible nurse until all self-control returns.

Brook-street, W.

A Mirror OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

BILATERAL LITHOTOMY; REMOVAL OF EIGHT SMALL CALCULI, AND ONE LARGE MULBERRY CALCULUS;
DEATH; REMARKS.

(Under the care of Mr. BELLAMY.)

As illustrative of the possible difficulties during the operation of lithotomy the following case is highly instructive.

J. W—, aged seventy-two, was admitted on May 9th, 1881, with symptoms of stone in the bladder, which had commenced four or five years ago.

On admission his sufferings from cystitis were so acute, as indeed they had been for some time, that removal of the stone by incision was evidently indicated. On sounding the patient a large irregular calculus was readily felt, apparently sacculated on the floor of the bladder behind the prostate. The operation of lateral lithotomy was determined on, and Mr. Bellamy performed it on May 17th. The perineum was very narrow and deep, the prostate very large. On withdrawing the staff the stone slipped away from the finger and could not be felt on introducing the forceps. Suspecting that the calculus or calculi were pouched, Mr. Bellamy reintroduced the staff, and in order to give more room for manipulation cut the opposite side of the prostate, making the incision bilateral. On withdrawing the staff for the second time the finger detected a quantity of small stones, eight in number, which were not previously felt on sounding. These were removed with a scoop. The large stone, however, could not be felt at first, but by hooking his finger behind

CAMBRIDGE UNIVERSITY.—The Registry of the University, Dr. Luard, supplies the following information, which may be interesting for purposes of comparison, as to the total number of all degrees conferred during the past academical year, excluding honorary degrees:—Doctors in Divinity, 7; Doctors of Law, 3; Doctors of Medicine, 7; Masters of Arts, 337; Masters of Law, 21; Bachelors of Arts (honours), 270; Bachelors of Arts (ordinary degrees), 314; Bachelors in Divinity, 4; Bachelors of Law, 40; Bachelors of Medicine, 16; Bachelor of Music, 1—making a total of 1020, the largest number ever yet recorded.