with difficulty make out 60 metre type at 7 feet with a + 4 D. lens, which he had worn for some years for distance, and a + 7 D. for near objects, with which latter lens he could read Jaeger 8½ with difficulty. The opacity in his lens was the type which ultimately becomes amber-coloured. On Jan. 20th, 1912, subconjunctival injection of cyanide of mercury (20 m of 1 in 4000) was given in the right eye. On the 26th he could read Jaeger 4 with the same difficulty as he formerly could read Jaeger 8½, and he could read 60 metre type at 15 feet. The lens he had been using for some years, as above mentioned, was + 4 D. for distance and + 7 D. for near objects. Now + 1 D. for distance and + 5 D. for near suit him best. A second injection was given on Jan. 27th. No further progress was obtained.

CASE 3.—European nun teacher. Immature cataract left eye; fundus normal. Vision 6/36; Jaeger V. Subconjunctival injection (1 in 4000) was given on Jan. 16th, 1912. On the 30th she could read Jaeger I. at 12 inches with presbyopic + 3 D. glasses, and distance 6/9. I have recently heard that progress is continuing and that she can now continue her work as a teacher with that eye so well that she wishes to put off the operation for a cataract of her right eye (which had a relatively mature cataract).

CASE 4.—European nun, aged 46. Mature cataract in left eye; immature cataract in right eye. Myopia - 15 D. both eyes. Near vision without glasses. Jaeger 14 with right eye. On Jan. 16th, 1912, subconjunctival injection of mercury cyanide (1 in 4000) was given. On Feb. 15th she could read Jaeger I. and thread a needle. The distance lens she was using previously was a - 9 D., with which before treatment she could see 60-metre type at 2 feet distance. With the same lens at a distance of 4 feet she could read 5-metre type.

CASE 5.—Railway station-master on furlough, aged 50. Incipient cataracts both eyes; fundus normal. With the left eye he could read Jaeger II. with difficulty with a + 2 D. sph. and + 1.5 D. cyl. (which he had been wearing for some time), and with + 1.5 D. cyl. he could read half the letters of 6/12. As to the right eye, with a + 3 D. sph. and + 2 D. cyl. (which he had been wearing for some time) he could read Jaeger IV. and distance 6/24. On Feb. 1st, 1912, he was given a subconjunctival injection of cyanide of mercury in both eyes. On the 10th with the left eye he could make out half of the letters in 6-metre type (8-metre type easily) and Jaeger I. with same glasses. With the right eye he could make out 6/18 and Jaeger 2½. On the 20th, with left eye, he could make out all the letters of 6-metre type and half the letters of 5-metre type at 6 metres. He could read Jaeger I. with great ease. The right eye had made no further progress.

CASE 6.—Pathan, illiterate, aged 50. Immature cataracts both eyes; fundus normal. Distance, bull's eyes 6/12; near vision, no means of estimating. On Dec. 27th, 1911, he was given a subconjunctival injection of mercury cyanide (1 in 4000) in both eyes. On Jan. 20th, 1912, distance, bull's eyes 6/6; he could thread cambric needle, which he could not do before.

CASE 7.—Officer, R.A. Right eye blind from glaucoma; left eye, lens hazy; normal fundus. He could read with his usual spectacles, Jaeger IV. with difficulty and 6/9. On Feb. 7th, 1912, he was given a subconjunctival injection of mercury cyanide (1 in 6000). On the 12th he could read all the letters of 6-metre type and Jaeger I. with difficulty. A second injection of the same mercury cyanide was given. On the 21st distance vision was 6/5. Near vision, Jaeger I. with ease with his usual spectacles. As an intelligent man he could describe the cloud gradually getting small and finally disappearing. He was about to be invalided from the army in consequence of his sight, but now could go back to military duty.

CASE 8.—Hindu clerk. Left eye, immature cataract; fundus normal. Distance vision, 6/9. He said he could see outlines of letters in Jaeger IV., but did not understand Roman character. On Feb. 13th, 1912, a subconjunctival injection of mercury cyanide (1 in 4000) was given. On the 20th distance vision was 6/5, and he could thread an ordinary cambric needle, which I consider equal to Jaeger I.

The pain induced by a subconjunctival injection of cyanide of mercury under cocaine is very severe—it lasts for three or four hours, after which it amounts to a mere inconvenience.

To control this it is necessary to put the patient lightly under chloroform and to give him a hypodermic of at least 1/3rd grain of morphia. The eye looks exceedingly ugly for several days and patients should be warned beforehand not to be alarmed at this. I have never seen any evil results from the use of subconjunctival injections of cyanide of mercury; and the conjunctiva after a few weeks resumes its physiological condition.

The improvement in these cases was first noticed by the patients on the third or fourth day, and improvement goes on steadily for close on a month. Time will show if this improvement will be permanent. I hope to be able to give the condition of the patients a year hence and to supplement the list.

Cases 1, 2, 3, 4, and 8 came to me for the treatment of advanced cataract in the other eye.

Amritsar.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF MUMPS.

BY F. DE HAVILLAND HALL, M.D. LOND., F.R.C.P. LOND.,
SENIOR PHYSICIAN TO WESTMINSTER HOSPITAL.

THE patient, aged 19 years, first experienced symptoms of mumps on the evening of March 7th. The left parotid only was affected at first, but according to the patient's account there was some swelling beneath the angles of both jaws later on, so that the submaxillary glands were evidently attacked. On the 10th he felt nearly well, and on the 14th he was declared convalescent. On the 16th he played golf (36 holes). Next day he felt rather indisposed, but on the 18th he was quite well again. On the 20th he rode from Oxford to London on a motor cycle. On the 21st he had very slight pain in the left testicle. On the 22nd there was very definite swelling and great tenderness, but very little actual pain. His pulse was 100 per minute, and the temperature was 102° F. On the 23rd the temperature remained all day between 102° and 103°. On the morning of the 24th the temperature fell to 99.2°, but by 7 P.M. it rose to 104°; at 9 P.M. it was 103.6°. It then steadily fell until it reached 98.2° at 8 P.M. on the 25th. There was a rise to 99° on the 26th, but after this the temperature was subnormal for some days. The patient was kept in bed on a light diet. Ten grains of acetyl salicylic acid were given every four hours, and the glycerine of belladonna was constantly applied to the swollen testicle.

There are several points of interest in this case. In the first place, was the testicular affection due to the patient's cycle ride? I am of opinion that it was. The next point to be noted is the date of its occurrence—viz., 14 days from the commencement of the attack of mumps and seven days after the patient had been pronounced convalescent. According to Dr. Clement Dukes the days on which orchitis showed itself in an epidemic he reported varied between the third and eighth days, so that in the case under consideration the orchitis came on later than usual. He reported five cases in which only one parotid was affected, and the orchitis was on the corresponding side. This sequence of events occurred in the present case, so that it would seem to be a rule that if unilateral parotitis is accompanied by orchitis the two affections should be on the same side of the body. Why this should be so I am not prepared to state. Another point worthy of attention is the high temperature the patient had. I have seen cases with higher temperature, but then they were accompanied by excessive pain in the testicle; whereas the patient whose case we are considering had very little pain, though great tenderness. The question arose as to whether the testicular affection had rendered the patient infectious again. I replied in the affirmative, but I have no facts to support this view. Lastly, I think there can be no doubt that the combination of acetyl

salicylic acid internally and extract of belladonna externally was very effective in relief of pain and promoting the general well-being of the patient.

Wimpole-street, W.

IRRITANT POISONING FROM CHEWING THE SHOOTS AND LEAVES OF *DIEFFENBACHIA SEGUINA*.

BY ALEX. NAPIER, M.D. GLASG., F.R.F.P.S. GLASG.,
PHYSICIAN, VICTORIA INFIRMARY, GLASGOW; EXAMINER IN
MEDICINE, GLASGOW UNIVERSITY.

TWO cases of rather severe local irritant poisoning from a somewhat unusual cause have come under my observation lately. At about 4 o'clock on the afternoon of Feb. 15th a gardener employed in hothouse work gave to three labourers who were assisting him a few leaves and shoots of a plant to chew, saying they would taste just like tobacco; this was done as a trick, but the results exceeded expectations. One of the labourers simply had the plant in his mouth for a few seconds, and on tasting it at once spat it out; even so his lips and tongue became sore and swollen, but not so severely as to cause him to enter hospital. He went home and was lost sight of. The other two attended at the infirmary.

CASE 1.—The patient, a man, aged 34 years, was admitted to the Victoria Infirmary, Glasgow, about an hour after his misadventure. He had chewed the plant vigorously, mainly in the left side of his mouth, this being instantly followed by severe burning pain in the mouth, tongue, and lips, and then by marked swelling of the tongue, lips, and cheeks.

On admission speech was impossible, owing to the enormous degree of swelling of the tongue, most marked on its left side; the tongue filled the mouth, protruded slightly, and was almost quite immobile. There was a constant dribbling of saliva from the mouth. The upper and lower lips were very much swollen, especially towards the left; while the soft tissues of both cheeks were greatly swollen, indurated, and tender. Both submaxillary glands were much enlarged and tender, especially on the left side, and the left parotid gland was swollen. The tongue was coated with a thick, creamy, soft fur, its mucous covering was cedematous, with here and there some small blisters on its upper and under surfaces. Swallowing was almost impossible and breathing a matter of extreme difficulty. There was no rise of temperature throughout; all the other organs were normal, but examination of the urine showed slight reduction of Fehling's solution.

Treatment.—In view of the respiratory difficulty and of the possibility of extension of the swelling to the larynx preparations for tracheotomy were made should it be required. The operation was rendered unnecessary, however, by the vigorous use of ice externally and as far as possible by the mouth, and also by the use of a spray containing adrenalin and cocaine. Under this line of treatment the swelling and pain gradually subsided, but a week elapsed before the patient could leave hospital, and even then the left parotid gland was still slightly enlarged and tender.

CASE 2.—This patient, a man aged 52, suffered even more severely than the former one, having chewed the shoots of the plant more energetically and for a longer time. He presented exactly the same appearances locally, but on a more extensive scale, the tongue in particular being uniformly and not unilaterally enlarged. In the course of the first night after admission he was repeatedly nearly suffocated owing to recurring attacks of dyspnoea. In this case also the urine gave a slight reduction of Fehling's solution. When the patient was dismissed a week later there was still considerable enlargement of the left submaxillary gland.

There can be no doubt at all as to the extreme energy with which the juice of this plant acts as a local irritant, especially to mucous surfaces. There is not much detailed information to be got regarding it in any of the sources to which I have had access. Dorvault's "*L'Officine*" (Paris, 1880) has at p. 530 a short note to the following effect: "*The Arum of the Antilles; Arum or Caladium Seguinum, Dieffenbachia Seguina*, the *Dumb Cane* in English; derived from the West Indies, having the general appearance of a banana plant, a repulsive odour, and a corrosive and poisonous juice; used as a fomentation, as a diuretic, and a remedy for gout." Foster's "*Illustrated Encyclopædic Medical Dictionary*" adds little to this. After stating the

plant's position botanically, among the arums, and giving a list of species, it goes on to say: "*Dumb Cane*, a West Indian species, highly poisonous, the juice being so acrid as to cause the tongue to swell and prevent articulation. An ointment is prepared from it by the negroes of the West Indies by boiling it in lard, which they use for dropsical swellings. The plant has also been recommended to be used internally for dropsy. A wholesome starch has been obtained from the stem. The juice is used for marking on linen."

From the foregoing it may be inferred that in olden times in the West Indies refractory slaves were made to chew the plant as a punishment, and judging from its action in the above-noted cases the power of the plant to produce dumbness (of a kind) is entirely beyond question.

Glasgow.

Medical Societies.

HUNTERIAN SOCIETY.

The Therapeutic Value of Alcohol.

A MEETING of this society was held on March 27th, Dr. R. HINGSTON FOX, the President, being in the chair.

Sir VICTOR HORSLEY opened a discussion on the Therapeutic Value of Alcohol, by remarking upon the enormous decrease in the amount of alcohol used at hospitals and other institutions in the last 25 years. This decrease was due partly to our increased knowledge of its action and partly to the number of newly discovered drugs at our disposal. More material evidence was, however, needed as to its value in clinical work, but in spite of this need, most members of the profession held a pretty decided opinion on the drug, one way or the other. Alcohol was now prescribed sometimes as a stimulant, whatever that might mean, sometimes in an exactly contrary sense as a narcotic, and, very rarely now, as a "tonic." Its narcotic action was undoubted, but he believed that the so-called stimulation effects were really the phenomena caused by the removal of the control of the highest nerve centres. The error of the belief in a tonic action was shown by comparing the appearance of dogs who had been total abstainers with that of the same breed who had been moderate drinkers over a period of three years. But old traditions clung closely to the medicinal use of alcohol. The extraordinary idea that whisky was good for rheumatism had never had any real foundation, and he had been surprised to see many medical gentlemen sampling "diabetic whisky" at the last annual meeting of the British Medical Association. Sir Victor Horsley then proceeded to deal with the effect of alcohol in certain clinical conditions. He could not speak of the treatment of pneumonia from personal experience, but he believed that whereas 25 years ago alcohol had been regarded as a sheet-anchor, it was now discarded by most physicians in treating that disease. We had certainly learnt during that period that the patient's resistance to the pneumococcus was diminished by alcohol, and the Registrar-General had even gone so far as to ascribe the excessive death-rate from pneumonia in males to the fact that they consumed more alcohol on the average than females. He asked physicians present whether blood pressure and cardiographic records showed that alcohol could be called a cardiac stimulant in pneumonia, and what was its relation to the grave symptom of arrhythmia. The effect of alcohol in pyrexia was the sum of its effect on the infective process underlying the pyrexia and its effect upon the increased katalytic metabolism that was going on. There was now a large mass of evidence to show that alcohol lowered the resistance to infecting agents. Even in very small quantities it diminished the amount of complement in the blood, it inhibited phagocytosis, it lessened the resistance of the red corpuscles to hæmolytic agents, and, as had been shown by Laitinen in regard to *B. typhosus*, it injured the bactericidal power of the body fluids. Proceeding to discuss the vexed question whether alcohol lessened nitrogenous destruction or no, Sir Victor Horsley was of opinion that Professor Max Gruber had got nearest the truth when he had shown that alcohol first increased the destruction of proteid, but after being administered for a fortnight or more an immunisation occurred and it acted as a true