of the patients in the table who were liable to them; and one of the most satisfactory cases we have had is that of a boy aged 9 who was liable to very frequent psychic attacks with automatic movements, the number and duration of whose attacks have been very greatly diminished by three months of luminal treatment, and who has become, as a consequence, very much brighter mentally.

The modern view of the psycho-genetic origin of epilepsy has led some writers to discount the value of any treatment directed to reducing the fit incidence or arresting the fits. Fits are said to be protective reactions away from an environment to which the epileptic, with his egocentric sensitive temperament, cannot adapt himself, and to stop fits is to court further mental trouble. I have seen mental disturbance follow the sudden cessation of fits in an old-standing case of epilepsy, but more commonly the patient becomes more alert and cheerful when his fits stop, and I have no fear that in using a drug that will arrest fits we are doing the patient any disservice, provided that we are satisfied that the drug itself has no prejudicial effect upon him. It is, of course, not claimed that luminal sodium, or any other drug, has any curative effect upon the disease; at best it only arrests or lessens the frequency of the convulsive attacks.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

PURULENT PERICARDITIS SIMULATING ANGINA PECTORIS.

By M. A. CASSIDY, M.D. CANTAB., F.R.C.P. LOND.,
R. O. MOON, M.D. OXON., F.R.C.P. LOND.,
AND
F. LE Q. PELLY, M.B., B.CH. ABERD.

THE following case presented such difficulty in diagnosis that it seems worthy of record.

K. D., aged 42, a caterer by occupation, a hearty eater, but not addicted to alcoholic excess, and a very heavy cigarette smoker, had three separate attacks of gonorrhœa during the last two years; apart from this he had been in robust health till May 18th, when he was seen to be standing still, looking very white, and perspiring freely. He was assisted to his room, where he collapsed on the floor. Dr. Pelly arrived shortly afterwards and found him in an almost moribund condition. His face was ashy and sweating; no pulse could be felt, the heart sounds were barely audible, respiration was rapid and laboured; when the patient was able to speak he complained of agonising præcordial pain. There was very little change in his condition half-an-hour later when Dr. Cassidy saw him. The heart sounds were still heard with difficulty, and the pulse could not be felt; the heart was apparently beating feebly and irregularly at a rate of about 50. Strychnine and camphor were injected, with but little improvement, but there was prompt response to amyl nitrite, several capsules of which were administered. After this the pulse improved in volume and became regular, and the pain, which the patient was now able to describe as radiating down both arms, with greater severity in the left arm, diminished in intensity. $\frac{1}{4}$ gr. morphia and 1/100 gr. atropine were now administered hypodermically with further improvement. During the night he vomited freely, and again complained of severe præcordial pain, but next morning improved sufficiently to be moved into a nursing home. On the 20th he had a fairly comfortable day, but in the evening his temperature rose to 99.8°F. On the 21st he had two syncopal attacks, one associated with angina-like pain. When seen by Drs. Moon, Cassidy, and Pelly in consultation on the evening of the 21st the temperature was 100.4°, pulse 86, respirations 30; the radial artery was much thickened and the tension high. No increase of cardiac dullness could be made out, and the heart sounds appeared to be normal, though earlier in the day Dr. Pelly had heard pericardial friction. There was a little dullness and quiet breathing, with nasal voice sounds, at the extreme base of the right lung. He still complained of slight præcordial

pain, but appeared to be in no great distress, could talk quite freely, and was able to sit up in bed for examination. At 11 p.m. that evening there was a sudden fatal syncope.

At the autopsy on the following day the pericardium was found to contain about 2 oz. hæmorrhagic sero-purulent fluid, and both the parietal and visceral pericardium were covered with punctate hæmorrhages and patches of lymph. The valves of the heart appeared to be perfectly normal, but there was well-marked recent atheroma of the aorta just above the aortic valves. The right lower lobe of the lung was congested and collapsed, but no other signs of organic disease were discovered. Unfortunately, no bacteriological examination was possible.

Remarks.

In this case the onset was typical of severe angina pectoris, and the subsequent syncopal attacks, one with pain, also seemed to support this diagnosis. In view of the condition of the root of the aorta it seems probable that he was in fact killed by angina pectoris, though this condition was excited by an unrecognised pericarditis. The pyrexia, furred tongue, and transient friction, coupled with basal pulmonary collapse (due, no doubt, to diaphragmatic arrest), should have led us to the correct diagnosis. In the absence of any other septic focus, it seems probable that the pericarditis was due to gonococcal infection.

NOTE ON EARLY PROGRESS OF AN INFANT OF ABNORMALLY SMALL WEIGHT.

By F. CHURCHILL DAVIDSON, M.B., CH.B. EDIN.,
D.P.H. OXON.

THE following case is of interest in that the infant weighed only 22 oz. at birth.

Mrs. X., a multipara, aged 34, who had been married ten years, gave birth on July 4th, 1921, to a male child weighing 1 lb. 6 oz. Calculating from the date of the last menstrual period, period of gestation was 34 weeks; but taking into consideration both the possible margin of error of 3 weeks—corresponding to the length of menstrual interval—and the appearances of the child at birth, this gestation period appears to have been over-estimated, and it is most probable that the period was only 32 weeks.

Previous history.—1. Miscarriage at third month in 1911. 2. A female child was born Feb. 10th, 1920, and lived for three days. Cause of death stated to have been "prematurity" (7 months). Both parents are apparently healthy.

Present history.—Labour was uncomplicated and completed in five and a half hours; normal head presentation.

Condition of child at birth.—The weight was 1 lb. 6 oz., and the length 15 in. The arms and legs were nearly equal in length; umbilicus was situated close above pubis; sex characters (male) were fully developed; skin was wrinkled and of bright flesh colour; eyebrows and eyelashes were

Photograph of child taken at end of fourth week.

developed and eyelids opened occasionally; there was dark hair on head and downy hair on body. The following herniæ were present: slight umbilical hernia, R. inguinal hernia, large L. scrotal hernia (latter reducible and retained by wool truss). Phimosis was also present and dorsal incision was made on July 12th.

Treatment.—The child was immediately covered with warm olive oil, wrapped in cotton-wool and placed in oven at temperature of 90°F. until extemporised incubator was prepared. This latter consisted of a wicker basket with three hot-water bottles placed round the child. A temperature of 85° was maintained, as recorded by bath thermometer placed between blankets beside child and checked from time to time. Hot bottles were refilled alternately.

Feeding.—For the first 48 hours the child was fed hourly with small quantities of a whey and cream mixture (3 oz. in 24 hours) and on third day feeding with breast milk was commenced. The child was laid to breast at feed times from