

aphasic. Following upon the seizure she developed a high temperature, which ran as high as 104° F., and this pyrexia, which was remittent in character, lasted for three weeks. At the end of the three weeks the paralysis was passing off and the power of speech was returning. Five weeks after the date of onset of the seizure she spoke to me quite clearly and collectedly. She asked where she was, how long she had been at Murthly, and how she came to Murthly. Further inquiries elicited the fact that her mind was a perfect blank for a period of four years—that is to say, from the date of the onset of the attack in May, 1904, to the convalescence from her cerebral hæmorrhage in June, 1908. She knew no one; the medical men, the nurses, and her fellow patients were to her complete strangers. When she was able to get up and go about the ward she recognised nothing; she had to be shown her way to the dining-room, the chapel, and recreation hall, and she had no recollection of her violent and impulsive behaviour, and yet from her admission in November, 1904, she was apparently conscious, in so far that she knew what was said to her and obeyed orders. Although she called the nursing staff by names of her own she never confused these names and she certainly knew her way to the dining-hall, the recreation hall, and her own bed in the dormitory. She made an excellent recovery, was discharged in July, 1908, and went into service. Up to the present date she has not been readmitted into this asylum.

Her mental states suggested a condition of dual personality, and to me it is quite inexplicable that an apparently hopeless case of insanity should suddenly recover as the result of a cerebral hæmorrhage followed by three weeks of almost hyperpyrexia.

Murthly.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF OBSTINATE SCIATICA TREATED BY PHENAZONUM INJECTIONS.

BY LEWIS W. REYNOLDS, M.R.C.S. ENG.,

SURGEON TO THE HIGH WYCOMBE COTTAGE HOSPITAL.

THE treatment of obstinate sciatica is attended with so many difficulties that the success by Tubache's method may be of interest.

The patient, aged 66, a man of robust constitution, weighing 15 st., came under my care on August 30th, 1912. He had had a sharp attack of sciatica in 1886 and was quickly cured by the baths of Hammam R'irha, Algiers; again in 1905 he was apparently cured of another attack by visiting the same baths. An attack in September, 1911, was greatly relieved by three weeks of Harrogate treatment—baths, massage, electricity, &c. In June, 1912, after a sharp attack of lumbago a more severe trouble arose from a return of the sciatica. Three weeks in Droitwich, baths, massage, and Aix douche, made the patient's condition steadily worse. He returned home and took to his bed on Sept. 3rd. The daily application of an electric light bath was tried, as well as blisters along the course of the sciatic nerve, salicylates, iodide of potassium, and other remedies, but he continued to experience the most acute pain on the slightest movement. He could only lie on his left side, the sciatica affecting his right leg from thigh to foot. On Sept. 21st I commenced the deep hypodermic injections of the following: phenazonum, 3 iiss.; cocain. hydrochlor., gr. iiss.; aq. destill. steril., 3 iiss., 1 c.cm. (m xv.) of the preparation being injected into the upper part of the thigh over the nerve. These injections were repeated at different places along the course of the nerve on Sept. 23rd, 25th, and 27th, and on Oct. 3rd, 7th, 9th, 13th, and 17th. The injections caused no pain at the time, but invariably about six hours afterwards a great deal of pain was experienced, which lasted some hours and sometimes necessitated an injection of morphine. There was no great

relief from the treatment until Oct. 12th, but the nearer the injection got to the nerve the greater the relief seemed to be. For instance, the injection over the external popliteal behind the head of the fibula gave great relief, and another injection on Oct. 13th on the dorsum of the foot completely removed the pain after four hours, and it has not returned. After Oct. 12th the patient rapidly improved; the pains ceased and movement became easy. About this time some anxiety was felt because of some slight cardiac trouble, causing a slow and intermittent pulse, but a mixture of strychnine and digitalis put this right again. Since Oct. 28th the patient has gradually resumed his habits, and he only experiences a considerable stiffness in his right leg. The power of walking is gradually improving.

High Wycombe.

NOTE ON THE USE OF TUBERCULIN.

BY BERTRAM COHEN, M.B., B.S. LOND.,

LATE HOUSE SURGEON, HOUSE PHYSICIAN, AND ASSISTANT CURATOR, ST. GEORGE'S HOSPITAL.

WHILE so much literature is appearing advocating on the one hand and criticising on the other the use of tuberculin in the treatment of pulmonary tuberculosis, the following case may be of interest.

The patient, a man aged 21, was seen by Dr. W. F. Colclough and myself for the first time on Jan. 11th, 1913, complaining of abdominal pain over the region of the appendix. The whole of the right side of the abdomen was rigid and painful, but there was diminished resonance and air entry into the base of the right lung. On Jan. 14th there was definite evidence of fluid in the right chest; the abdominal symptoms had disappeared, having been due to inflammation of the diaphragmatic pleura. On the 17th the right chest was aspirated; 16 oz. of clear fluid were drawn off, a good deal more being left to absorb. The case was clearly one of tuberculous pleural effusion. The temperature did not fall, varying in the evening between 100° and 101°, and the fluid showed no signs of absorbing. On the 23rd the patient was given 1/10000 T.R. During the next two days the temperature for the first time fell below 99° F. On the 25th the evening temperature was 99.4°. On the 26th 1/10000 T.R. was repeated. The next day the temperature remained normal, but only to rise to 99.8° the day after. This was because 1/10000 was too small; 1/8000 ought to have been given. On the 29th he was given 1/7500; the temperature at once dropped to 98°, where it remained until his discharge, not fluctuating more than 0.2 of a degree.

The patient left hospital on Feb. 10th well and markedly improved in general health. There is every reason to believe that if he takes tuberculin for the next six months he will not develop phthisis, in spite of the fact that he has had a tubercular lesion.

I have found that the administration of tuberculin T.R. is of the utmost value in the treatment of pulmonary tuberculosis, and cannot too strongly emphasise the teachings of Dr. Arthur Latham that the two cardinal rules are: (1) start with a small dose; and (2) carefully watch the temperature, the amount of expectoration and clinical symptoms, and judge the time for giving and spacing of doses accordingly.

Sidmouth.

THE CHADWICK PUBLIC LECTURES.—Three evening lectures, with epidiastroscope illustrations, on the Evolution of Epidemics, are now being delivered at the house of the Royal Society of Medicine, 1, Wimpole-street, W. The first lecture, entitled "Middle Ages—Evolutionary Factors in Evidence," was delivered last Monday by Dr. H. T. Hewlett, in the unavoidable absence of Dr. J. T. C. Nash, medical officer of health for the county of Norfolk. The second, entitled "Nineteenth Century—Specificity and Evolution," and the third, entitled "Present Day—Scientific Evidence of Evolution," will be delivered on Mondays, April 14th and 21st, at 8.15. Admission to the lectures is free, and further information regarding the Chadwick lectures may be obtained from the secretary, Mrs. Aubrey Richardson, at the offices of the Trust, 8, Dartmouth-street, Westminster.