

early, find difficulty in balance and, therefore, considerably everts the foot, thus throwing the great toe out of work. Rickets by causing bends of the leg bones may render them short in comparison to the muscles, which then can hardly perform their duty. A little later in life the body weight of a fat or of a feeble child may overload the muscles, or (and this may occur long after childhood) he may be put to carry burdens beyond his strength; in either of these cases the pressure downward on the sustentaculum being greater than the flexor of the hallux can uphold the os calcis and astragalus must roll over. Furthermore, any circumstance

FIG. 16.



Os calcis (normal); posterior view.

which prevents the great toe performing its function and task causing the work to be done, not as it should be, by the last phalanx of the great toe, but by the head of its metatarsal bone, not only throws that flexor out of work, but calls forth improper over-action of other muscles especially of the peroneus longus.

One of the most common modes of thus destroying the use and value of the toe is the wearing of foot gear coming to a point in the middle line and therefore compelling the great toe to lie over, or under, the second, where it cannot possibly fulfil its office. Many people, more especially many girls and young women, are thus sedulously and painfully engaged on the artificial production of flat-feet and of avoidable lameness.

(To be concluded.)

## Clinical Notes :

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### POISONING BY ANTIPYRIN; RECOVERY.

By EDWIN WEBSTER, L.R.C.P. LOND., M.R.C.S. ENG.

A GIRL, aged nineteen years, whom I was attending for anæmia and who was taking Bland's pills, came to me one morning quite recently complaining of headache. I prescribed for her a draught containing five grains of antipyrin, seven grains of bromide of potassium, one drachm of compound spirit of ammonia, and water to one ounce. In about ten minutes after taking it a hurried message was sent for me to go to see the patient, as she was taken seriously ill. On arrival at her home within a few minutes the following conditions were present—viz., cold shivers, severe and gasping dyspnoea; the face was swollen, especially about the eyes, and so much so as to prevent any possibility of opening them or of seeing, except with great difficulty, the pupil; and the body was covered with a bright red rash like scarlet fever and resembling that of urticaria, so that it presented weals which were of different sizes, from that of a small papule to some as large as five-shilling pieces. The temperature in the axilla was 97° F., and the pulse, which was very intermittent, was

only 50. She complained of no pain. The tongue was very dry. The lips and general aspect were decidedly cyanotic. I immediately had the patient put to bed and administered stimulants in the shape of whisky, &c., with warmth, and medicinally I gave strychnine with digitalis. Notwithstanding all that was done she remained in this state for about eight hours, with the exception of the shivering, which passed off at the end of three hours. When beginning to rally the breathing, which at one time was so bad that I thought I should have to resort to artificial respiration, first showed improvement, and in about four hours later—except that the rash, which had become fainter, was present, together with a slight puffiness around the eyes—she seemed to be very little the worse for her experience. Next evening she was up and felt well, though somewhat weak, and the subsequent day she went about her work as usual. The rash took about thirty hours to finally disappear. This case, I consider, is interesting on account of the rapid onset of the attack and the quick appearance of the rash, together with the severe symptoms after such a moderate dose of antipyrin.

Brighton.

#### NOTE ON THE FAMILY HISTORY OF A PATIENT WITH ICHTHYOSIS.

By W. G. WILLOUGHBY, M.D. LOND.,

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A BOY having been sent into hospital under my charge suffering from diphtheria I noticed that he had ichthyosis badly and made inquiries as to the other members of the family and found as follows. The boy was one of a family of eight, in order thus: a boy, aged fifteen years, has ichthyosis; a boy, aged fourteen years, not anything wrong with his skin; a boy, aged twelve years, has ichthyosis; two girls, aged respectively ten years and nine years, nil; a boy, aged seven years, has ichthyosis; a girl, aged five years, nil; and a boy, aged five weeks, has ichthyosis. The parents and grand-parents of this family are quite free from skin disease, but the mother had heard that her father's mother had the disease. The mother of the family above mentioned has two sisters both free from skin disease, and one of these has children all free from skin disease. The mother's brothers, however, like her sons, are affected, and again one escapes the disease while the remainder, two in number, have ichthyosis. One of these two is married, but his seven children (boys as well as girls) are all free. His wife, however, who was said to have had a good healthy skin at the time of her marriage, has since developed the disease, according to my informant, her sister-in-law. She is only connected with the affected family by marriage.

It is interesting that in these two families the girls are quite free while the boys have the disease (with one exception in each family) and that though the girls of the senior family are free, while the boys are affected, it is through one of the free females that the disease has been passed on to the next generation of boys and not through the affected males.

Eastbourne.

#### A CASE OF SUPPURATING APPENDICITIS.

By W. MACBAIN, M.D., C.M. ABERD.

My excuse for reporting this case is its departure from the rule that free or repeated suppuration implies the obliteration of the appendix and consequent immunity from subsequent attacks. In a paper recently published by Dr. A. Woods<sup>1</sup> it is shown that this result occasionally occurs in cases of suppurative appendicitis when the abscess is opened and drained, the appendix not being removed, a recurrence having been met with in about 5 per cent. of the cases treated in this manner.

The patient is a robust, otherwise healthy man, aged about forty years, following an employment which necessitates occasional heavy manual exertion. He first came to me in June, 1895, suffering from an apparently mild attack of appendicitis. The case lingered for a couple of months without any serious relapse, but there were occasional slight

<sup>1</sup> Medical Record of Philadelphia, Aug. 22nd, 1896.