

two grains. On the 18th the symptoms began to improve, and by Dec. 14th, 1889, he was quite well, and there was no trace of filariæ in the blood. When the patient was admitted into hospital, he was emaciated and almost in a dying state. He is now (Dec. 11th, 1890) quite well and is fat and strong. The improvement in his condition might be thought to be due to the spontaneous cessation of the disease, but no treatment did the patient any good whatever until the administration of thymol was commenced, and then the improvement was steady and gradual, and may fairly be attributed to the action of the drug.

CASE 2—Mahboob Khan, sepoy, aged twenty. Admitted into the Afzul Gunj Hospital on Oct. 1st, 1890, on account of stone in the bladder. The patient stated that he had suffered from symptoms of stone for ten years. On admission he was emaciated, his temperature was 102°, and there was a large stone in the bladder. The stone was removed by lateral lithotomy at 1 P.M. on the day of admission, and weighed five ounces and nineteen grains. The temperature remained high after the operation, particularly at night, and on Oct. 6th the urine was discovered to be chylous. Filariæ were found in the blood, and also in the urine. The administration of thymol was commenced in two-grain doses on Oct. 6th, and increased to three-grain doses on the 11th. On the 14th the patient was attacked with dysentery, and the thymol was replaced by scruple doses of ipecacuanha. On the 20th he had recovered from the dysentery, and thymol was recommenced. The dose was gradually increased to five grains three times a day, and the patient left the hospital cured on Nov. 23rd. He is now (Dec. 15th, 1890) quite well, and is fat and strong like the first patient. His urine is normal, and there are no filariæ in the blood.

The important practical point in the above cases is the fact they establish that thymol has the power of destroying organisms in the blood and tissues, which are actually the cause of a well-known disease. The destruction of the organisms cures the disease. On the other hand, I have tried it extensively in many diseases which are supposed to be due to organisms, such as leprosy, phthisis, and gonorrhœa, but without benefit. Either, then, thymol, which is such a deadly poison to the filaria, is not a poison to the bacillus, which is extremely unlikely, or bacilli are not the cause of the diseases I have mentioned.

It appears probable that thymol may prove useful in the elucidation of some of the intricate questions involved in the relations of micro-organisms to disease, and it is on this account to be commended to the consideration of bacteriologists.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

REMOVAL OF THE UTERINE APPENDAGES FOR THE CURE OF OVARIAN INSANITY.

BY EDWARD COTTERELL, M.R.C.S., &C.

THE treatment of cases of mental disease dependent upon some ovarian disorder by the removal of the uterine appendages has not been, as far as I am aware of, brought before the profession very frequently. The following case may therefore interest some whose studies lead them to investigate mental disorders, especially those disorders dependent upon some form or another of ovarian disease.

Mrs. Y—, aged thirty-seven, married nine years; has five children, eldest eight years, youngest eight months. She has always been depressed at her menstrual periods. When about eighteen years of age her father died of apoplexy. For some years after this event she suffered from melancholia, which was always much worse during the catamenial periods; at the same time she was firmly convinced that she had caused the death of her father by poisoning him with opium. However, she got over this fancy and married, after a somewhat prolonged engagement. Her husband informed me that after her marriage she at times suffered from lowness of spirits, and that immediately after the birth of her last child she became quite insane for about two months, requiring an attendant constantly with her, as she more

than once attempted to commit suicide when left to herself. When I saw her for the first time towards the end of 1886, her condition was similar to that described above, her symptoms becoming much aggravated at each menstrual period; for though the acuter signs passed away after the menstrual flow had ceased, there still remained a good deal of melancholia during the inter-menstrual period, which became aggravated with hallucinations as the succeeding catamenia approached. The patient had an anxious look, was very restless, and slept badly. Menstruation very scanty, and attended with a good deal of pain. She was imbued with the idea that she had poisoned her father and had caused the death of one of her young friends. She frequently heard voices which urged her to make away with herself. The usual routine treatment having been tried with little or no effect, I suggested the removal of the uterine appendages as a means of alleviating the distressing symptoms. This procedure having been agreed to, I accordingly performed the operation on March 15th, 1887. The patient recovered quickly from the operation, but the mental symptoms were no better—worse, in fact, as the suicidal tendency became more pronounced. By my advice she was removed to an asylum, where she remained for about four months. On her return, I found her sane in every respect. She had quite recovered from the suicidal mania, and the hallucinations were gone. Since that time she has not had any return of the old symptoms, and as nearly three years and a half have now elapsed since she had any, I hope that she is cured. The removal of the uterine appendages brought on at first, in this case, an acuter stage of the mental condition, but this is, I think, what one would be led to expect as most likely to occur in a patient suffering from ovarian insanity. The mental symptoms being dependent upon the ovarian irritation, any operative interference with these organs is likely to aggravate matters until the artificial menopause has been thoroughly established. This is how I translate the sequence of events in the above case, so that if I am correct in my diagnosis—viz., that the mental symptoms were due, and due entirely, to the ovarian irritation—there will be no return of the insanity. I may remark that the ovaries were rather smaller than normal, whilst the Fallopian tubes were swollen to about twice their usual size, and very injected.

Weymouth-street, W.

SUGGESTIONS ON THE ANTAGONISTIC ACTION OF COCAINE AND CHLORAL.

BY EDWARD F. WILLOUGHBY, M.D. LOND.

SOME years ago, when suffering frequently from attacks of acute coryza, which while they lasted rendered me almost unable to write from the incessant sneezing and running from the nose, I found the greatest relief from nasal injections of a 2 per cent. solution of cocaine, from five to ten drops to each nostril at intervals of twenty minutes or half an hour. I could thus cut short an impending attack, or by using them even more frequently arrest—in fact, cure—one that had set in for some hours with the utmost intensity. But on several of these occasions I noticed that the use of the cocaine during the evening was followed by absolute sleeplessness, four consecutive doses of ten grains each of chloral inducing not more than two or three hours' light sleep, though ordinarily, when wakeful from mental overwork, five grains would have given a natural, and ten a sound and long night's sleep. Indeed I believe that I have, after the free use of cocaine, taken even more than the forty grains of chloral with but very moderate effects. Under these circumstances no sense of fatigue followed the sleeplessness, and no headache or drowsiness the sleep when obtained by these excessive doses of chloral. A lady for whom I prescribed cocaine pastilles for a painful neurotic condition of the glottis having sucked several in the course of the evening and gone to bed with two more in her mouth (each $\frac{1}{2}$ gr.), told me that she had been "wide awake" all night, without feeling tired next day; and in other cases I have observed the like wakefulness after the use of cocaine. But the evident antagonism in my own case between cocaine and chloral suggested to me the probability of its being found useful as an antidote in chloral poisoning. I applied for and obtained a licence for undertaking a course of experiments on the subject; but finding that I could not be absent from home for so many hours as the performance of these would require, I allowed

the licence to lapse. The treatment of chloral poisoning hitherto has been eminently unsatisfactory. Chloral is a direct antidote to strychnine, antagonising the excessive muscular irritation of the latter; but the converse does not hold good, since the action of chloral on the sensorium or the mental functions has not its physiological counterpart in that of strychnine; strychnine, in fact, antagonises only the lesser half of the effects of chloral. I know that some extreme cases have been successfully treated by strychnine, galvanism, and artificial respiration, but the profound sleep has had to work itself off. Cocaine, which, if it were found expedient, in very severe cases might be supplemented by strychnine, would appear to me to be the antidote required, and, should an opportunity present itself, I shall not hesitate to try it subcutaneously, at least in the first doses.

I would invite anyone who may meet a case of chloral poisoning to do the same, and I shall feel greatly obliged if anyone having leisure would take up my licence and institute a course of experiments *in corpore vili* on the lethal doses of chloral and the efficacy of cocaine at various stages of the poisoning by chloral from the earliest to imminent death, with the single condition that he communicate with me, and give me the credit of priority of suggestion by associating my name with his.

Finsbury-park, N.

NOTES ON A CASE OF PUERPERAL ECLAMPSIA; TREATMENT; RECOVERY.

BY W. E. REDMAN, M.R.C.S. ENG.,

ADMIRALTY SURGEON AND AGENT AT BRIDLINGTON QUAY, ETC.

ON the evening of Christmas Day last I received an urgent message to attend a Mrs. S— at once, as she was thought by the monthly nurse in attendance to be dying. On arrival, I found the patient, a stout, florid primipara, in a semi-comatose condition, delirious, and not recognising those about her. Both the upper and lower extremities were much swollen and cedematous. She had voided but a small quantity of urine during the day, and this, on heating, coagulated into a semi-solid, muddy-looking, gelatinous mass. Digital examination revealed an almost fully dilated os and a roomy pelvis; membranes not ruptured; cranial presentation; uterine contractions strong and frequent. Recognising the gravity of the case, and almost expecting the onset of convulsions in consequence of the premonitory symptoms at any moment, I at once ruptured the membranes, and sent for some chloroform. The labour now proceeded apace, the head rapidly descending; but before I received the chloroform the patient had a severe convulsive attack, characterised by violent general muscular contractions, her features became distorted, the globes of the eyes turned upwards, the white sclerotics only visible, and the mouth convulsively fixed; the face became cyanosed, and frothy saliva tinged with blood appeared at the mouth. The attack lasted about four or five minutes. The patient now recovered semi-consciousness, and by this time the chloroform arrived. About six or eight attacks of varying degrees of intensity now succeeded one another at frequent intervals; during these I administered chloroform freely with most beneficial results, the intensity of the successive attacks being greatly controlled thereby. As the head was now making but slow progress through the pelvis, and its pressure apparently acting as an irritant to the mother, and being also well within reach, I resolved upon instrumental delivery. Having first administered chloroform freely, I applied the long forceps, and delivered the patient without difficulty and without any return of the convulsions. The cord was twice round the child's neck. The after-birth rapidly followed the child, which was much cyanosed, and it was fully an hour before respiration was established in it. After delivery the mother had two more severe convulsive seizures, each of which was modified in intensity by administration of chloroform as before. From this time all proceeded well, the patient gradually recovering consciousness, but having no recollection of what had occurred for some hours previous to or during labour.

Certain points are worthy of note in this case—the premonitory symptoms, a history of mental trouble and distress a few days before confinement, the value of instrumental delivery under chloroform in certain cases of puerperal eclampsia, the great value of chloroform to control and cut short the attacks, and the further fact that the

albumen completely disappeared from the urine two or three days after delivery. Further than this, I need only add that both mother and child have made uninterrupted progress towards recovery.

Bridlington Quay.

THE CHLORAL TREATMENT OF PUERPERAL ECLAMPSIA.

BY M. H. FEENY, M.R.C.S., L.R.C.P. LOND., L.M.

AS the treatment of puerperal eclampsia is still an open question, opinions being divided between chloral, opium, or both combined, and anæstheticism, I send this case as an interesting contribution in favour of the former. And I take the occasion to express a long-formed conviction that it would be a wholesome practice, pregnant with much practical good towards the settling of such open questions, if all practitioners would publish their quota of evidence when such cases arise. Being happily of rare and unfamiliar occurrence, we naturally fly for aid to our most acknowledged text-books. From much observation in general practice, I find that the manifestations of disease are frequently at variance with the descriptions of books. Nor is this surprising, so much wider is the field of general practice than that of the specialist, no matter how numerous his hospital wards or how high his title. The most unerring of all guides are the symptoms of the disease and the constitutional forces of the patient. By treating the former under the guidance of the latter, a successful issue has often taught me that many a formidable and unpromising case can be thus brought to a happy termination.

L. C—, aged nineteen, seven months pregnant. Family history healthy. Father, mother, a brother, and sister living; no neurotic disease. Mother suffers from weak heart; no organic mischief. Patient commenced menstruating at fifteen; did so regularly for eight months, when she had her first fit. For the following three years the menstruation was irregular; general health fairly good. At eighteen she was treated for severe epileptic seizure, and made a good recovery. At the seventh month of pregnancy I was hastily called to see her at 11 A.M. I found her in a violent general epileptiform fit, grinding the teeth, which were firmly clenched. I ordered a mixture of bromide of potassium. The pulse was strong, healthy, varying irregularly with each paroxysm. Summoned again at 6.30 P.M. I was told the waters had broken and labour had commenced. The patient was in convulsions during the whole interval. On examination I found the os slightly dilated, membranes intact. She had passed a large quantity of hysterical urine. The case seemed desperate, and one for heroic treatment. Owing to the clenched teeth little of the mixture had been taken. On consultation, anæsthesia was suggested; but owing to the fixed condition of teeth and hard laboured breathing it was discarded. I quickly decided to make the pulse my helm and chloral my sheet-anchor. I mixed forty grains, forced the teeth open, and she swallowed it. At 10 P.M., convulsions still constant; os the size of a two-shilling piece, thick, and rigid. Ruptured membranes. I again gave forty grains of chloral; enema of one drachm of laudanum, which latter was immediately expelled. At 12 P.M. gave fifteen grains of chloral; fits ceased for half an hour. At 2 A.M. fifteen grains; had an hour's sleep. At 4 A.M. fifteen grains. Fits returned at 5 A.M., and labour was advancing. 6.30 A.M.: Child born during fit. 7 A.M.: Fits ceased; placenta expressed; uterus contracted firmly. 11 A.M.: Sleeping quietly; had had three convulsions; was conscious during intervals. Ten grains of chloral to be taken every four hours. Had four seizures during twelve hours. Slept well during the night. Was quite conscious next morning, but knew nothing of what had happened. The child, as might have been expected, was stillborn. Ordered mixture of bromide and chloral. The patient made an uninterrupted recovery.

Lancaster-gate, W.

AN EASY METHOD OF FEEDING PER RECTUM.

BY Y. M. JONES-HUMPHREYS, L.S.A.

SOME months ago, having to treat a bad case of gastric ulcer by rectal feeding &c., I devised an apparatus consisting of a small funnel, a piece of elastic tubing $\frac{1}{8}$ in. in diameter, $1\frac{1}{2}$ ft. long, about 4 in. of glass tubing (by which the de-