

slight very chronic cases where frequent pea-soupy stools are passed and yet the general condition of the patient is good. In any acute case they exhaust the patient too much without producing any good result. I have used oxygenated water, copper sulphate, potassium permanganate, iced water, and perchloride of mercury. Of these copper sulphate in a solution of 1 per 1000 is perhaps the best, but injections, in my opinion, are dangerous remedies in dysentery, especially when the intestine is gangrenous. Silver nitrate, either in pill form or injected, has proved useless. Surgical interference appears to me quite out of the question, as at the necropsy the large intestine is always found deeply and universally ulcerated, showing scarcely a square inch of healthy mucous membrane. After four seasons' study of this disease I am of opinion that even in apparently hopeless cases of dysentery a certain number of lives may be saved by systematic morphine treatment.

I have to thank my chief, Dr. M. Armand Ruffer, for the initial idea of the free and systematic use of opium in dysentery and for much advice in carrying out other forms of treatment.

Alexandria.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A NOTE ON TWO CASES OF SCLEROMA NEONATORUM OCCURRING IN TWINS.

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A MULTIPARA was delivered at about 4 A.M. on May 17th, 1906, of twins—a boy and a girl—(separate placentæ), both apparently quite strong and healthy, crying lustily after division of the cords, but small, for the woman did not expect to be confined till a month later. The mother and father are quite healthy, as are also their near relatives, and the other child, a boy, aged five years, is, and always has been, strong. The mother states that she menstruated regularly every month after giving up nursing this boy till she became pregnant. She did not go out to work, only performing her household duties, and was able to have good nourishing food the whole duration of her pregnancy. She has never had any miscarriages. On May 19th I was called in to see the little girl and found that the feet were very much swollen, hard and waxy in appearance, and pitting very little with deep pressure. The child was very somnolent and refused the breast, the milk in which had appeared the previous evening, and which she had taken early that morning. The temperature was 97° F. and the pulse was 90. Later in the day I saw the child again and this curious condition had spread up the legs and thighs to the middle of the abdomen and by the next morning involved the head and upper extremities. On this day I found the same condition commencing in the feet of the other child and this gradually spread in the same way, with similar drowsiness as in the girl. The latter died on May 20th in the evening and the boy on the 23rd.

On May 20th I requested Dr. A. W. Wilson-Smith (house surgeon to our hospital) to see the children as the cases seemed so peculiar and asked him to suggest a term with which to fill in the death certificates, for the children were obviously dying. Neither of us had the remotest idea what the disease was and he suggested "œdema neonatorum," little knowing at the time how near he was to the correct nomenclature. I regret that I did not act on his suggestion but filled the certificates up "Debility from birth," for since then by perusing Clifford Allbutt's excellent "System of Medicine" we have been able to give the disease its correct name. The parents would not allow a post-mortem examination, nor even allow me to take a small wedge-shaped piece from the œdematous parts for microscopical examination.

I fear that these notes are somewhat lengthy but the rareness of the condition, enhanced by the fact that it

occurred in twins, the one three days after the other, must be my apology. If any of the readers of THE LANCET can throw any light on the pathology of this rare condition I should be much obliged.

Kidderminster.

A NEW SUB-SPECIES OF GLOSSINA PALPALIS ON THE UPPER CONGO.

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AT the junction of the Lufupa and Lualaba rivers, about 10° S. lat., have been found specimens of the sub-species *glossina palpalis Wellmani*. This variety was first observed last year near Benguella on the West Coast. It has also been met with on the west shore of Lake Mweru and at the junction of the Dikulwe river with the Lufira. It is interesting that the type *glossina palpalis* found on the Lower Congo and in Uganda does not seem to be present here. Isolated cases of sleeping sickness occur but trustworthy evidence as to the locality in which the disease was contracted is wanting. Further inquiry is being made.

Ruwe, Congo Free State.

A CASE OF PLAGUE WITH UNUSUAL EYE SYMPTOMS.

BY PHILIP REES, M.B. LOND.

SPORADIC cases of plague are always to be found in the neighbourhood of Canton. This year the usual spring epidemic has been one of exceptional virulence and noticeable for the number of unusual forms of disease. In one patient, a little boy, both groups of submaxillary glands were elevated into a hard infiltrated mass, resembling a widespread cellulitis. On the other hand, many cases have shown no palpable glandular enlargement. On one or two occasions the chief sign beyond fever and the characteristic "restless intoxication" has been a blood-stained discharge from the nose. This is rightly regarded by the natives themselves as of fatal import. The following case, that of a Chinese woman in the town of Fatsan in South China, presented some interesting and unusual eye symptoms. I was not called until the ninth day but learnt that the first symptom had been repeated vomiting, accompanied by pain and swelling in the left arm just above the elbow. On the sixth day there was abortion of a three months foetus. On the eighth day there was swelling in the region of the right superficial femoral glands. Upon examination of the patient on the ninth day I found that the gland primarily affected was the internal supracondylar. It was surrounded by much inflammatory œdema and showed signs of softening. The arm itself was œdematous. One of the right superficial femoral glands was enlarged and tender. At the same time I saw one of the patient's children who was thought to be slightly indisposed. He proved to have a small bubo in the axilla and the disease made such rapid progress as to cause death five hours later. At first the woman made good progress under treatment. On the eleventh day the supracondylar bubo burst and gave exit to the usual sloughy discharge. The woman was complaining of dimness of vision and on examination, in addition to the customary conjunctival hyperæmia, the pupil of the left eye was found to be small and inactive and totally occluded with lymph. There was also slight hypopyon. There was no injection of the anterior ciliary vessels. The right eye showed three distinct patches of lymph in the anterior chamber on the posterior surface of the cornea. Atropine was instilled and after some difficulty the pupil dilated. The lymph deposits gradually diminished and after about a week had entirely disappeared. The woman refused to have the femoral gland lanced and it burst of its own accord on the twenty-third day of the disease. Unfortunately, at this stage the family began to show dissatisfaction at the delay in recovery and a native doctor was called in. He at once removed fomentations and replaced stimulants with some of the weird concoctions which have been employed in China from time immemorial. I was summoned again on the twenty-fifth day of the disease and found the woman at the point of death.