

glandular duct connected with the intestine; but this not very probable hypothesis was apparently abandoned in 1871. Now, I suspect that in my case some of the *tænia nana* may have been expelled, and were not found on account of their small size. Although as the ova were still found in the *faeces* after fifteen months' treatment, it is evident that some of the worms remained.

The life history of this worm is still in obscurity; but Grassi and Calandruccio, after a most zealous and painstaking investigation, conclude that it is, sometimes at least, directly transmitted without any intermediary host. However this may be for *tænia nana* in man, these observers have made out a very strong case indeed in favour of direct infection for the *tænia murina* which infests the *mus decumanus*, and which is, in Grassi's opinion, at the most, only a variety of *tænia nana*.<sup>4</sup> The specimen exhibited to the meeting was from Belgrade, and was a typical one.

Nottingham.

### AN ATTEMPT TO DETERMINE THE FREQUENCY OF RHEUMATIC FAMILY HISTORIES AMONGST NON-RHEUMATIC PATIENTS.

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It is universally admitted that rheumatism is an extremely hereditary disease, and the frequent occurrence of certain morbid conditions, such as chorea and the erythemata, in members of rheumatic families, is rightly held to afford a powerful argument in favour of the close relationship of these diseases to rheumatism. However, the statistics bearing upon this point lose much of their value from the absence of any standard with which they may be compared; and until we can form an idea of the proportion of non-rheumatic cases in which such histories are met with, we can form no idea how far the average is exceeded in any particular instance. It was with a view to the construction of such a standard that the present investigation was undertaken. It must be borne in mind that the percentage obtained will be in direct proportion to the prevalence of rheumatism in the area from which the patients are drawn, and will also depend upon the circumstances of the patients, and therefore that our statistics, being based upon information supplied by casualty patients at St. Bartholomew's Hospital, will, at the most, only hold good for the lower orders of London. Moreover, since information derived from such sources is notoriously untrustworthy, the results obtained must necessarily be merely approximate, but they can at least pretend to an equal degree of accuracy with those to which they are intended to be compared. With a view to the removal, as far as possible, of the sources of error, we have confined our inquiries to the immediate families of the patients (parents, brothers, and sisters), and have rejected all except distinct histories of rheumatic fever—a disease which usually leaves a strong impression upon the minds of those who have suffered from it, since it involves confinement to bed or a more or less prolonged stay in hospital. The exclusion of the less severe forms of rheumatism must necessarily tend to lower the percentages, as also will the ignorance amongst the patients of the illnesses from which their parents suffered in their earlier years.

Of 500 patients who had not themselves suffered from rheumatic fever, and who came to the hospital on account of ailments having no recognised relation to rheumatism, 105, or 21 per cent., gave histories of rheumatic fever in immediate families. Of these, 40 who applied for treatment for tonsillitis should perhaps be excluded, since there is apparently some connexion between this condition and rheumatism. The exclusion of these reduces the percentage to 19·78. The examination of separate groups of cases tends to confirm the accuracy of this result, for of the 103 sufferers from dyspepsia, 23, or 22·3 per cent., gave family histories of rheumatic fever, and of those who came on account of coughs of various kinds, 106 in all, 22, or 20·7 per

cent., gave similar histories. Among the 40 cases of tonsillitis the percentage was much higher, reaching 35 per cent., and this fact seems to lend considerable support to the view which connects this condition with rheumatism. In addition to these 500, we obtained the family history of 100 other patients who had at some period of their lives suffered from rheumatic fever, and in 35 of these there was rheumatic heredity, a percentage identical with that obtained from the tonsillitis cases; whilst in 80 patients who came under treatment for chorea there was a definite family history of rheumatic fever in 32·5 per cent.

To sum up, these statistics indicate that, whereas about 20 per cent. of the patients who present themselves at London hospitals suffering from morbid conditions which stand in no recognised relation to rheumatism have family histories of rheumatic fever, amongst those who have themselves suffered from rheumatism or allied diseases, such histories are obtained in some 30 to 35 per cent.; in each instance, however, considerable allowance must be made for erroneous information.

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### ARRESTED APICAL PHTHISIS.

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PROBABLY every physician would have hesitation in subjecting a patient suffering from a dire disease to any but orthodox treatment. So, although for some time past I have had a new treatment of consumption in my mind, it is only recently I have carried it into effect. The extremely favourable result, exceeding all expectations, induces me to place this single case, for what it may be worth, before the profession.

F. H—, a man aged twenty-two, height 5ft. 10in., single, employed as an umbrella maker, and living near Leicester-square, first consulted me on Feb. 3rd last. He had been a Volunteer from the age of sixteen to twenty. Was well up to the beginning of last November, when he was ill for four days with what was diagnosed to be scarlet fever, but there was no rash and his skin did not peel. In fourteen days he resumed his work, which he continued until the day before he consulted me. After the November illness he vomited frequently, especially after breakfast and supper. He never drank to excess, being almost a teetotaller. On Christmas Eve he first noticed a cough, and found he could not sing. The cough became gradually worse, and was accompanied by increasing expectoration and occasional aphonia. From this time he wasted and became gradually weaker. His appetite failed and night sweats commenced. A short time before he consulted me his throat felt uncomfortable, and on Feb. 2nd he went to a throat hospital, but his larynx was too obstructed for examination. He stated that his father died at the age of forty-nine, of paralysis. His mother was alive and well, aged sixty-eight, and supposed to have been consumptive when a girl. He had seven brothers and sisters, one of whom died of scarlet fever at the age of eight. There was no history of phthisis or cancer in any of his relatives.

On examination I found the tongue furred, flabby, and indented by the teeth; sordes on lips; teeth bad; bowels constipated; skin very moist; great palpitation; epigastric pulsation; heart's sounds normal; urine normal excepting phosphates; weight, with thick overcoat on and fully dressed, 9 st. Chest: right apex only abnormal; deficient movement; increased vocal fremitus; dull; increased vocal resonance; abundant subcrepitant râles, anteriorly and posteriorly. Throat: aryteno-epiglottidean folds so œdematous that it was impossible to see down the larynx; posterior rhinitis. On microscopic examination of the sputum crowds of tubercle bacilli were visible. He was ordered to take two teaspoonfuls of cod-liver oil and one teaspoonful of syr. hypophosph. co. three times a day, to eat as much good food as possible, to drink stout, and to use the following inhalation every night: half a grain each of perchloride of mercury and chloride of ammonium, in four ounces of distilled water; one tablespoonful to be added to a table-spoonful of hot distilled water, and thoroughly inhaled in the form of spray every night. As he left me I watched him cross the road. It was with difficulty he crawled into a passing conveyance, so weak and tottering were his footsteps. Feb. 11th: Says he feels about the same.—18th: Same

<sup>4</sup> Ibid., p. 305.