

and 1888 the patient was seen at intervals of three or four months. Sometimes a probe was passed to test the patency of the duct, but no sign of stricture was ever discovered. Duration of treatment eleven weeks; number of irrigations about twelve.

CASE 4.—E. Q—, aged thirty-three. Lacrymal obstruction and blennorrhœa off and on for two years. Threatening abscess. On Aug. 5th, 1887, the canaliculus was slit and probes were passed. The blennorrhœa continued undiminished until Sept. 9th, when irrigation was begun and carried out daily until Sept. 20th, when the patient was quite well. In answer to questions, the patient wrote on Feb. 20th, 1889, that there had been no discharge from, or watering of, the eye since her last attendance in September, 1887. Duration of treatment by irrigation eleven days.

CASE 5.—W. S—, aged twenty-eight. Epiphora for three years, followed by mucocele. The canaliculus was slit and irrigation performed on Oct. 19th, 1886. The irrigation was repeated on Oct. 22nd, 24th, and 26th. On Nov. 19th the patient was quite well. Duct irrigated. Jan. 18th, 1887 (i.e., after two months), there was some thickening over the lacrymal sac, but no epiphora or discharge. On Feb. 20th, 1889 (i.e., two years and three months after cessation of treatment), the patient wrote to say that he was quite well. Duration of active treatment seven days; number of irrigations five.

CASE 6.—J. H—, aged sixty. Lacrymal abscess; ozæna. On May 20th the lower canaliculus was slit, and probes passed daily, without any improvement, until June 17th. The duct was then irrigated with bicarbonate of soda lotion, followed by Panas' solution. This was done once a week until July 22nd, when the discharge had entirely stopped. I was unable to trace this patient, so that I cannot say how long he remained well.

CASE 7.—A. M—, aged thirteen. Abscess of lacrymal sac. The abscess was incised, and irrigated daily for nine days. Two years later the patient was perfectly well. No recurrence of abscess or epiphora.

Remarks.—It may be asked whether this treatment has any lasting effect upon the stricture which, in many cases, has caused the mucocele or abscess. Cases 2 and 4 seem to me to show that it has, and the large number of cases treated during two years and a half have left a firm impression on my mind that the good effect is more permanent than in cases treated simply by the knife and probe, and that the formation of a stricture is more frequently prevented than by the ordinary methods of treatment, including the injection of astringents. Irrigation gains additional value from the fact that by it the nasal mucous membrane is treated simultaneously with that of the nasal duct and lacrymal sac, which must be of considerable importance in cases arising from or complicated by nasal catarrh or ozæna. I find that I have inadvertently included one or two cases which were mentioned by Mr. Edgar Browne in his paper in the *Practitioner*, but as they were then quite recent, and as I have since been able to trace them up to 1889, I have allowed them to remain. Many more cases might be given, but I think the above are sufficient to prove that the treatment advocated yields good results easily and rapidly.

P.S.—Since the above paper was written Mr. Treacher Collins has told me that during his house surgery at Moorfields he used a cannula similar to the one described above, with a syringe. I am inclined to lay some stress upon the advantage of using an irrigating reservoir instead of a syringe.

Liverpool.

Clinical Notes: MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ON ANTIPYRIN.

BY ADOLPHUS J. RICHARDSON, M.A., M.D. CANTAB.,
ASSISTANT PHYSICIAN TO THE SUSSEX COUNTY HOSPITAL.

THE note on Antipyrin in THE LANCET of Aug. 17th, 1889, by Mr. Wingrave, induces me to give some details of its administration in a series of ninety-six cases, of which I have notes more or less complete. In only four of these has any bad effect been attributed to the drug. In a pregnant woman suffering from left-sided hemiparesis, twenty minutes after she had taken ten grains an itching "white raised rash" appeared, diagnosed by a chemist as due to mussel poisoning. She had, however, taken nothing to which I could attribute it save the antipyrin. A patient with tabes dorsalis, after taking twenty grains fainted away, and is said to have lain insensible on the floor. One patient vomited after a dose of twenty grains, and one after a dose of ten grains; both, however, took it during a paroxysm of migraine, so it is very probable that the drug was not wholly to blame. In only the two above-mentioned cases was a larger initial dose than ten grains employed; I shall not repeat it. Thirty-eight of the cases were typical migraine; in nearly all I ordered ten-grain doses, to be repeated in an hour if the pain did not abate. In thirty-two cases the improvement was definite, in two doubtful, and four were unbefitted. In the successful cases, as a rule, not only were the paroxysms relieved, but their frequency was diminished. In three after a time the power of the drug seemed to fail, but an increase of the dose to fifteen grains produced the initial good result. In some cases, although the paroxysms were always relieved, their frequency was in no way affected. In none was the frequency increased. In two of the cases peptonuria was constant; both were relieved as to the migraine. The condition of the urine was observed in intervals as well as in paroxysms. Of the four cases in which the drug failed, one had, I believe, mitral obstruction, through which the migraine might have been aggravated; one vomited the antipyrin, probably before any therapeutic effects could have been obtained; the other two cases were both definitely hemiparesis, and I have sometimes been tempted to think that the more definitely the migraine conformed to this type the less good was to be expected from antipyrin. In sixteen cases of head pain, some of which I could not explain at all, and none of which were markedly typical, the drug relieved in eight. A very different proportion to that on migraine, showing that the administration of the drug in a purely symptomatic manner meets with no undeserved success.

To detail the cases in which it failed:—1. Headache in anæmia, with possible gastric ulcer. 2. Violent vertical headache, possibly syphilitic. 3. Headache, associated with astigmatism (unrelieved by glasses) and gastralgia; improved under arsenic. 4. Vertical headache in a phthisical patient. 5. Rheumatism of scalp. 6. Continuous headache "all her life." 7. Temporal headache, possibly middle-ear disease. 8. Temporal headache.

In three cases of anæmic headache in chlorotic patients, contrary to my expectation, the drug relieved. These were not cases of migraine in chlorotic girls, but were headaches which were worse in the morning, unaccompanied by sickness or visual phenomena, and which got better as the day wore on, or on lying down. In four cases of tabes dorsalis, with lightning pains, my administration of the drug met with the most favourable results. All now invariably keep it ready for immediate use. One of the patients suffered from the most distressing nocturnal rectal tenesmus; on this the drug, although tried repeatedly, had no effect, but his lightning pains, of the most severe description, were at once relieved. Four times I have ordered ten grains to be taken at the onset of an attack of asthma nervosa, in all without any relief of the spasm. In three cases of facial neuralgia (in none of the patients was there any dental caries), one was much relieved and two but slightly; and it

SALFORD ROYAL HOSPITAL.—The annual meeting of the subscribers to this institution was held on the 10th inst. in the board-room of the hospital, there being a good attendance. The report showed that during the past year 15,314 patients had been treated, against 14,152 in the previous year and 13,101 in 1887. The income had been £4826 and the expenditure £5955, leaving a deficit of £1129. The board had made an important modification in the way of admitting out and home patients in districts where there were few or no subscribers to the charity, and where there was consequently considerable difficulty in obtaining recommendations. They had provided printed forms, which when signed by two householders certifying that the individual was a proper object of charity, entitled the applicant to medical assistance. The report was adopted.

is noteworthy that the most successful case had previously taken in vain croton-chloral hydrate and tinctura gelsemini, whereas one of the but partially successful cases was at once relieved by croton-chloral hydrate. Unfortunately, I know of no difference between the cases. In one case of brachialgia great relief was experienced after a vast variety of drugs had been futilely exhibited. One case of paroxysmal sneezing and two of severe pain in the feet with no apparent cause were relieved.

Hove.

SUICIDE APPARENTLY BY AN ATTEMPT TO CUT OFF THE HEAD FROM BEHIND.

By JAMES LITTLE, M.D.

I NOTICE in THE LANCET of June 22nd, the record of a case under the care of Mr. Hulke of suicide apparently begun by an attempt to cut off the head from behind. The forensic interest attached to this case induces me to publish the details of an even more determined case which occurred in my practice on July 2nd, 1879.

The case was that of a woman, aged thirty-six, who had been discharged apparently cured about a week before from Garlands Asylum, where she had been an inmate about three months, with the symptoms of puerperal insanity. About 8 A.M. on the above date the daughter of the patient came for me saying that her mother had attempted to commit suicide, and on arriving at the house I met a ghastly spectacle. She had a knife in her hand, and on the back of her neck was a huge wound, which had apparently taken half her head off. It had gone through skin, muscles, ligaments, the very bone itself, and had opened into the spinal canal, but had not touched the cord. The head itself, having lost all its connexions at the back, was bobbing about in a manner that would have been ludicrous had it not been so ghastly. The instrument was a blunt and rusty table knife, with which she had been peeling potatoes. On being questioned as to her object in committing suicide, her only reply was that she did not know. Such treatment as was possible was applied, but she died on the sixth day from septicaemia. No post-mortem was obtained.

The chief interest of the case lies in the fact of the wound having undoubtedly been committed by herself, and in the very determined manner in which she had set to work apparently to decapitate herself.

Maryport.

ACUTE PEMPHIGUS RESULTING FROM THE INHALATION OF SEWER AIR.

By MARK STYLE, L.R.C.P.L., M.R.C.S.

I HAVE lately had under my care two cases of what I have ventured to call acute pemphigus, which I attributed to poisoning from sewer gases. Both cases occurred in children, aged five and two years respectively. On being called to the elder child, my first patient, I was informed that he had been ailing for the past fortnight or so, losing colour and appetite. On the previous day two blebs appeared, one on the sole of the foot and another on the shin of the same leg. During my attendance others followed at irregular times during the following fortnight, chiefly on the thighs and legs, and two or three on the abdomen. There was some irritation from them, accompanied by febrile symptoms, anorexia, and constipation. The younger child's was a milder but similar attack, having only two or three bullæ, which did not recur after the first week.

The treatment I adopted was quinine internally, an occasional alterative powder, baths of warm oatmeal and water, and zinc ointment and calamine lotion locally. I find that Hebra and other authorities deny the existence of acute pemphigus, but class all acute bullæ as erythema bullosa, although since several cases have been reported. In my cases there was no erythema; each bulla was distinct, and until it attained some size had no inflammatory redness, even in the immediate vicinity; there were no smaller vesicles, as in herpes; nor was the skin of the part markedly red, as in erythema bullosa. I believe, too, that erythema bullosa occurs chiefly on the trunk and upper extremities; in both my cases the upper extremities were free. As both mother

and nurse were particularly careful about the children's diet, which consisted mainly of milk and farinaceous food, I was rather at a loss to account for the presence of the eruption, until on making inquiries I found that a nasty smell had been noticed several times in the passage immediately outside the nursery. On inspecting the bath-room, situated just outside the nursery door, I found that the housemaid's sink was acting as a very efficient ventilator to the main sewer, the overflow pipe from the bath was joined to the down pipe from the sink, and although it had a U bend in it, which probably contained no water, as the bath was little used, there was a clean cut into the lumen of the pipe between the trap and the sink-pipe, so that we had a constant stream of sewer emanations entering the warm nursery by night and day. I concluded from my discoveries that this most insanitary condition of things was the cause of the illness; at any rate the evil was quickly remedied, and the children were soon well again. I may add this house was let with "all the latest sanitary improvements." If these cases were not cases of "acute pemphigus," may I call it pemphigus with acute symptoms? Bromyard.

HIGH TEMPERATURE IN CHILDREN.

By W. J. TYSON, M.D.

IT is a well-known clinical fact how quickly the body temperature changes in children, and without this knowledge we should be constantly alarmed; yet I am afraid most of us do not really appreciate the above condition until we have been some years in practice. The cases that I am particularly referring to are those in which one is called to at night, with a temperature of 102° to 104°, pulse varying from 100 to 150, but the respiration, as a rule, not increased in the same ratio. On visiting the child the next morning the temperature is normal, or even subnormal, and the child apparently perfectly well. Some men will say that the medicine ordered, such as tincture of aconite, in drop doses frequently, a cooling saline, or a little grey powder, has been the means of lowering the heat. This may or may not be so, but my object in sending this note is rather to seek for a cause of the temperature than for the treatment of it. The most common cause is probably, I suppose, some form of error in diet, the offending food acting as an irritant upon the heat centre; another common cause is, I think, really a sunstroke; children in playing constantly throw off their caps and hats, and are exposed to the sun for many minutes. Doubtless there are other causes, but the above are the ones most commonly met with. The prevalent practice of people keeping their own clinical thermometers leads, in my experience, to the seeking of professional advice rather than the avoidance of it.

Folkestone.

A SIMPLE REMEDY FOR THRUSH AND SORDES.

By W. THEOPHILUS ORD, M.R.C.S., L.R.C.P.,
LATE RESIDENT SURGEON, BIRMINGHAM GENERAL DISPENSARY.

AMONGST the ill-fed children of the poorest residents of our large cities thrush is an extremely common and troublesome complaint. The following lotion, to be applied frequently with a feather or brush to the white patches, kills the *oidium albicans* more quickly than any other I know, and removes the patches after a few applications, leaving healthy mucous membrane. It consists of equal parts of lotio nigra and glycerine mixed. I attribute its action to the germicidal power of the mercury. The quantity used is so small as to be quite harmless. Another condition in which I have found the same lotion invaluable is in that of the sordes which collect so abundantly on the teeth, lips, and tongue in many cases of enteric fever. It cleans these parts as if by magic, and renders that unpleasant process known as "scraping the tongue" quite unnecessary. It may also with advantage be painted over the fauces &c. in those unhealthy conditions of the throat which are so common in typhoid. I tried it in one case of catarrhal stomatitis, but it had no effect, whereas chlorate of potash effected an immediate cure. Also in the sordes of advanced phthisis it seems to be of no use. Not having seen this lotion mentioned in any book, and having found