fly blister, a calomel and opium pill. Many younger men laughed at them, but the pill was useful in comforting the patient and in preventing the disagreeable strangury which often follows the application of cantharides. A liquid blister was in process of time introduced, but it, although cleanly and handy, often failed to blister, and busy men cast it aside. The cantharidin got brushed off or volatilised till some enterprising individual bethought himself of adding flexible collodion to the preparation, thereby giving a soft varnish which retained the cantharidin, preventing it from evaporating or being brushed off. The result of all this was that the Pharmacopœial fluid was discarded and proprietary blistering fluids took its place. Now in the last edition of the Pharmacopœia collodion is an ingredient of the official blistering liquid.

Bromide of potassium has proved a valuable addition to our drug list, although many men do not appear to like it. This may be because they give it in doses too small to have effect. Potassium bromide is non-toxic and may be given in very large doses. A child aged six months can take ten grains repeatedly without exhibiting toxicity, and one aged fifteen months suffering from convulsions due to teething may be given twenty grains, repeated every hour till the convulsive seisures abate, without any alarming symptoms. Combined with morphine, bromide of potassium is in the adult useful in neuralgias of the fifth nerve, the bromide perhaps playing the most important part, for the other halogen compounds are good in neuralgias of the fifth, and I remember an old prescription which went the round of the district in which I once lived. It was something like twenty-grain doses of ammonium chloride and ten or fifteen minim doses of solution of morphine hydrochlorate. Dr. John Gordon of Aberdeen has in THE LANCET drawn attention to the valuable hypnotic action of small doses of acetanilid in infants and young children. I have tried it in this connexion and have obtained good results. It would appear to be safe, and in the restlessness at night of infants teething it gives sleep in the majority of cases. This hypnotic effect had been overlooked till pointed out by Dr. Gordon. I have not been able to satisfy myself that it produces hypnosis in the adult, so that the drug may have a different effect on the non-developed nervous system of the young child.

Cascara sagrada is a drug which has got into evil repute by many because it is not given in the proper way. Like all new remedies it was at first given indiscriminately, and it was left to the careful clinical observer to show the cases in which it was suitable. Experience shows that it answers best in the constipation of those past the prime of life, and that it is best to give the drug in small divided doses three or four times a day and for some considerable time, the bowels being relieved at first by castor oil or other simple purgative till the cascara sagrada has had time to exhibit its tonic effect. Ergot contracts non-striped muscle, but must be given in large doses, small doses being of little service. It is useful in bleedings by contracting the muscular fibres of the bloodvessels. Many men think it should act on the uterus in all its states, gravid and non-gravid, forgetful of the fact that the uterus in its non-gravid state contains very little muscle, and it is only when pregnancy has advanced a month or two that there is any muscle to speak of to contract.

The introduction of salicin and sodium salicylate in the treatment of rheumatism was a therapeutic triumph. Experience shows that of the two the sodium salt is the preferable, on account of its greater solubility and cheapness. It is almost free from toxicity, within reasonable limits. Personal experience shows that drachm doses repeated have no evil effects. The reason of failure with the salicylate in rheumatism may be due to the dose being too small, for large doses succeed better than small ones; or there may be an element of gout, in which case a combination of colchicum and salicylate does all that is required. The disagreeable sweet taste is to some considerable degree overcome by prescribing it along with compound infusion of gentian, or the salt may be given in wafer-paper. Salicylic acid acts rapidly in acute or subacute rheumatism, and personal experience again tells me that it may be given in very large doses without any evil effects. Its insolubility is rather a bar to its use, but eight grains will dissolve in two fluid drachms of solution of acetate of ammonium, or it may be given in wafer-paper. It is believed by some therapeutists that sodium salicylate is first changed into salicylic acid in the stomach before being absorbed; in short, that it acts as salicylic acid. If this be the case it is best to at once give it. The natural acid has been shown by Professor Charteris to be less toxic than the synthetical compound when given to animals. This is a fine point, and is of more interest from the laboratory standpoint than from the clinical, as I have just shown, drachm doses causing no untoward symptoms. Sodium salicylate is useful in sore-throat, and membranous patches disappear under its use. One is not forgetful that many sore-throats are rheumatic in origin, but apart from this the salt is useful. As an analgesic in the pains of influenza, rheumatism, and the dull, aching pain in the occipital region (often rheumatic) it holds a first place.

The treatment of myxœdema, skin diseases, and some mental defects by thyroid glands of the sheep marks an era in therapeutics. Although the physiological chemist has not yet definitely told us the active agent, one thing is certain, that it produces well-marked clinical effects. I have at present under treatment a lady aged forty-four suffering from what I consider to be hypertrophic pulmonary osteo-arthropathy, who has taken a large number of thyroid tabloids. The effusion of the joints has gone down, and the skin, which formerly was dry, is now soft and moist. She expresses herself as better, and means to persevere with the treatment for six or nine months. Three tabloids a day were given after a time, but this was found to produce so much depression and trembling that the dose was reduced to two a day. Sweating still continued in a mild degree, and the good effect was kept up. We yet know too little of this form of treatment to be able to speak of it with boldness, but we do know that so far it has been beneficial, especially in those diseases related to myxœdema and in that condition itself. The dryness of the skin disappears, and this the patient values; and when once we get a patient to value even a little point a great deal is gained, the mental effect having a salutary influence on the treatment of every disease, however bad. A new field has been opened up for the display of the powers of the physiologist, pathologist, and therapeutist.

In the practice of the therapeutist there is room for individuality. New remedies he must neither despise nor make too much of, and even the very old ones, when properly used, yield wonderful results. As I have said, much depends on the man himself and the confidence which he can inspire into his patient. A mere laboratory hand may be a successful chemist, but no mere cut-and-dry laboratory hand can be a great physician. The latter must also be a great man, able to read his patient and able to diagnose the disease his patient suffers from, and the form of preparation which will heal, whether in the shape of what we call drugs or other agents of healing.

Grafton-street, Leeds.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

POPLITEAL ANEURYSM.

BY THOMAS LAFFAN, M.R.C.P. IREL., M.R.C.S. ENG.

A FARMER seventy-three years of age came under my care on April 15th, 1894, for severe pain in the left foot. He traced this to a crush caused by a horse standing on it some three years previously. There was nothing remarkable about the member, but on close examination a tumour was found under the left biceps cruris. It presented the usual signs of popliteal aneurysm. It was circumscribed and growing from the posterior surface of the vessel. The aneurysm presented quite a second centre of pulsation, but larger and less circumscribed under the vastus internus. Compression was immediately decided on. A Signorini's compressor was applied over the femoral artery in Scarpa's triangle. This was alternated with a Petit's compressor in Hunter's canal. The pressure was for many days not kept up with that completeness and constancy which the case demanded, as I had to depend on the assistance of two farm servants who were expected by their master to simultaneously mind their proper business. From May 9th, however, I was able to have their constant assistance, and compression was now continually kept up, while the patient was no longer allowed to enjoy a stealthy relaxation of the instruments, a luxury to which, I afterwards found, he occasionally treated himself during the enforced absence

of the attendants. This closer watch soon told, as by the 14th the pulsation was obviously lessened in both tumours. On the 15th the treatment was supplemented by digital compression for an hour, and this was continued for a few minutes daily. On the 18th the pulsation was noticed to have entirely ceased. Subsequently a narrow channel corresponding to a part of the area of the popliteal pulsated, but the tumour presented no trace whatever of pulsation and has since increased in solidity and diminished in size daily. I kept on the instruments for a few days longer and enjoined quiet for a couple of weeks. The patient's heart was not sound, but otherwise he was free from organic disease. His habits had been good, and he had never suffered from any grave disease. He had noticed the tumour only some two months before. I may add in conclusion that the Esmarch's bandage was twice tried without any result prior to May 9th, as was also a flexure of the knee-joint. The successful result in this case was due to instrumental compression rigorously applied and continuously maintained.

Cashel.

COEXISTENCE OF INFECTIVE DISEASE IN THE SAME INDIVIDUAL.

BY GUSTAVUS G. GIDLEY, L.R.C.P. LOND., M.R.C.S. ENG., &c.

ADVERTING to Dr. Carmichael's notes on the above in THE LANCET of May 19th, I am tempted to record the following case, which I think may be of interest.

A boy six years of age developed scarlet fever in July of last year. I first saw him on the second day of the attack. It was a typical case and, though not severe, was of more than average vigour. The temperature rose to 104° F., and there was some slight delirium during the second night. By the sixth day his temperature had sunk to 99°, and desquamation had commenced on the chest. He was happy and comfortable, sat up in bed and played with his toys, and seemed to be making satisfactory progress. During the week his bowels had acted freely about once a day. Next day, however, he was not so well, being thirsty, peevish, and uninterested in his toys. His nose had bled in the night, and his bowels had acted two or three times. His temperature was between 99° and 100°.[1] On the following—i.e., eighth—day he was no better. By the fourteenth day there was no doubt that it was a case of enteric fever. There was diarrhœa from four to six times, or even more, in the twenty-four hours, the motions being characteristic in odour, colour, and consistence. The temperature ranged from 102° to 104°. There was enlarged spleen and cæcal tenderness. During the following week the affection progressed, the child got much weaker, his tongue was dry, brown, and cracked, and the diarrhœa continued. On one occasion the bowels acted about every hour and a half for a day and a night, the abdomen became tympanitic and distended, and the temperature rose above 105°. The cause, I found subsequently, of this might have been accounted for in the fact that, he having cried "two whole hours" for sponge cakes on the previous day, a couple were accordingly smuggled, liberally interspersed with currants, into his hands—and he ate them. As one may expect, he got worse after this, and his entry into his third week of the typhoid fever was very unpromising, his emaciation being very pronounced; he was apathetic, delirious at times, and did not care to drink or be moved. Happily, as the week wore on, he improved; the diarrhœa became less frequent, and the temperature came down slowly, so that by the thirtieth day there was every hope of recovery. He made a good convalescence.

The peculiarities of the case were that there were no spots or rash after onset of the enteric symptoms, and that during this time the temperature was one or two degrees higher each morning than in the evening of the same day. The desquamation ceased immediately on the appearance of bowel trouble, but reappeared when the temperature had gone back to normal, and went on vigorously all over for a fortnight or more. As to causation, I found that the patient had been away shortly before his attack, and that another inmate of the house in which he had stayed also developed typhoid fever. Scarlet fever was epidemic here at the time. The means of isolation were very complete, and no other case of either affection appeared in the house, or, I believe, of typhoid fever in the town.

Cullompton.

[1] I kept a chart, but have mislaid it, and so quote from memory.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

THE EASTERN FEVER HOSPITAL, HOMERTON.

AN UNUSUAL CASE OF PERFORATION IN ENTERIC FEVER.

(Under the care of Dr. E. W. GOODALL, Medical Superintendent.)

WE have considered this case worthy of publication for the reasons mentioned by Dr. Goodall in the remarks. As regards the situation of the perforation in some cases examined, Murchison[1] wrote: "In the majority of cases the perforation is in the ileum, more rarely it is in the appendix vermiformis or in the colon. Of ten cases collected by Louis the opening was in the lower part of the ileum in all. Of thirty-nine cases in which I have noted the situation of the perforation it was in the ileum in thirty-four, in the appendix vermiformis in one, and in the colon in four. Morin in his memoir has tabulated sixty-four cases collected from different sources with somewhat different results. Of the sixty-four cases the perforation was in the jejunum in two, in the ileum in thirty-six, in the appendix vermiformis in twelve, and in the colon in fourteen. Of my thirty-four cases where the perforation was in the ileum, in twenty-seven it was within twelve inches of the ileo-cæcal valve, in six it was between twelve and twenty-four inches above the valve, and in one it was thirty inches above the valve. I have never met with a perforation higher than this; but Bartlett mentions a case where it was as high as forty-four inches and Bristowe another where it was seventy-two inches above the valve, while Morin cites two instances of enteric fever—one on the authority of Lebert—in which the perforation was found in the jejunum."

A married woman aged thirty-nine was admitted into the Eastern Fever Hospital on March 2nd, 1894. Her husband, three sons, and a daughter were also inmates of the hospital at about the same time. The husband suffered from a slight febrile attack, having none of the symptoms of enteric fever, but the children all had severe attacks of enteric fever, and one of the boys died from the effects of prostration and peritonitis. Her husband said she had been ill for ten days before she was brought to the hospital. On admission she was found to be suffering from a well-marked, but not then severe, attack of enteric fever; during the next few days she became worse. The temperature, which up to the morning of March 6th had never reached 103° F., began steadily to rise on that day, so that on the 8th it was above 104°, and on the 9th it reached 105°. On the 10th it varied from 102·6° to 104·6°; there was on this day slight abdominal pain and distension; pulse 124 per minute, regular, soft. On the morning of the 11th the temperature dropped to 101°, rising again in the evening to 104·2°. On the 12th the temperature was only once below 104° (103·4°). On the 11th, 12th, and 13th there was still abdominal pain, and the patient also complained of a sensation of flatulence and was occasionally sick; the abdomen was only slightly distended. Up to the 12th there had been no action of the bowels except after an enema, but on that day there were six light and loose stools. On the 15th the temperature varied from 101·6° to 103·8°, and the patient was occasionally delirious; pulse 132; there had been no further action of the bowels; the abdomen was flaccid, and there was no distension and no abdominal pain. The patient remained in much the same state up to March 31st; the pulse-rate was usually about 130 per minute, the temperature varying from 101·2° to 103·2° and no new symptom appearing. On the 21st she was troubled with coughing, which continued for some three or four days. On the morning of the 23rd the temperature fell to 99°, but rose to 103·4° in the evening, falling to 99·6° the next morning; on this day, the 24th, the pulse-rate went up in the morning to 140. The patient was

[1] Continued Fevers, p. 628.