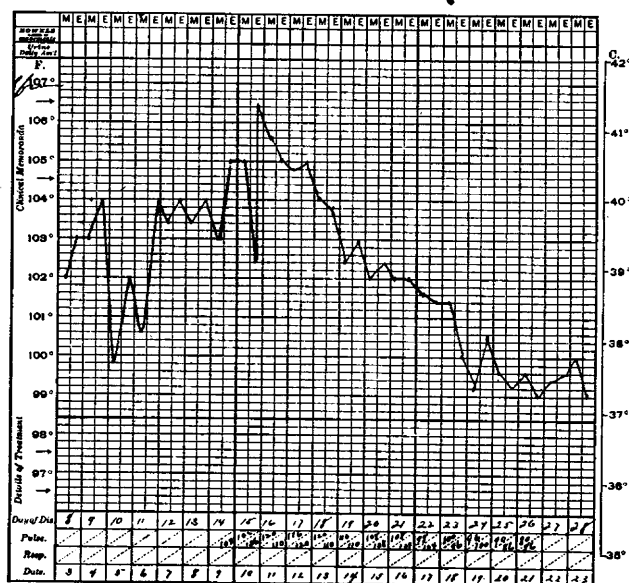


Calomel and salts were ordered, and quinin in full doses. The temperature promptly dropped to 99.8, and remained thereabout until the afternoon of June 6, when it reached 104. Calomel and salts were again given and quinin in large doses until the patient was thoroughly cinchonized. The temperature remained about the same, with but little variation, for two or three days, mild delirium then set in and the patient seemed to be getting worse.

On the morning of June 10 the temperature in the rectum was 105; skin was flushed and dry, and delirium was becoming violent. There had been constipation, but this now changed to a mild diarrhea.

For the high fever, which was entirely uninfluenced by cold baths, I gave one powder consisting of acetanilid grs. v, quinin grs. iii, caffein citrate grs. ii. About three hours later I was hurriedly called to see the patient and found her in a state of collapse, being cyanosed, comatose, bathed in sweat, with pulse 102, irregular and weak, and temperature 102.4. Respiration was greatly embarrassed. Artificial heat and stimulation brought about rapid and satisfactory reaction. To my surprise within three hours the temperature had



climbed to 106.4, and delirium became so violent as to cause the nurse and her husband to use restraint to keep her in bed.

For the first time my attention was attracted by a pronounced macular eruption over the abdominal region, this discovery, with the fact that quinin was doing more harm than good, caused me to suspect a double infection. Anti-malarial treatment was immediately abandoned; further blood examination gave positive reaction by Widal's method, and the urine showed presence of 0.2 per cent. albumin, tube casts, and typhoid bacilli in almost pure culture. Menstruation, which had been suppressed for six weeks, now came on freely. Choosing between two evils, cold baths and packs were continued, and now seemed to control the temperature which gradually, though slowly, declined to normal, the menstruation continued three or four days, uninfluenced by the fever or by the cold water. The delirium continued active and at 2 o'clock on the morning of June 14 took a rather unusual course; the patient sat bolt upright in bed and to the surprise of the family, sang, in broadest Scotch, "Annie Laurie."

A slow, but satisfactory recovery was made. Cystitis at times proved troublesome.

In reviewing this report it will be noted that the temperature caused by malarial organism was promptly reduced to that point (99.8, probably occasioned by the typhoid bacilli) by quinin. Further treatment by quinin seemed to do more harm than good. The peculiar type of delirium may have been, in part, due to full doses of quinin, suppressed menses, and typhoid fever. The cystitis was undoubtedly due to the presence of typhoid bacilli.

POLYPI OF THE APPENDIX.

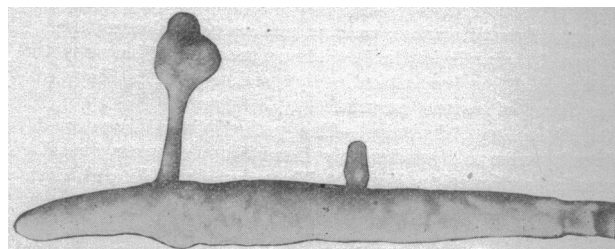
GEO. W. PRESSLY, M.D.

CHARLOTTE, N. C.

Kelly, in his exhaustive work on the appendix, reports the first four cases of polypi of the appendix; before this no mention of such cases can be found in the literature. The following case is reported as the fifth of its kind.

Patient.—L. B., male, aged 19, has had four attacks of colic in the past year.

History.—The first two were very light and were speedily relieved with morphin and salines. The third attack lasted for twelve hours and some soreness persisted for two days. The fourth attack was much more severe, the pain lasting for



Appendix everted on blade of artery forceps. Natural size.

thirty-six hours and the tenderness was troublesome for more than a week.

Operation.—Two months after the last attack he was operated on and the appendix was found much distended, with liquid feces which was thought to be pus, but on eversion the two polypi shown in the illustration were found, the long pedicle of one allowing it to act as a ball-valve in closing the opening into the bowel. The mucous membrane was much thickened with several eroded pits. The peritoneum was apparently normal. Recovery was uneventful.

St. Peter's Hospital.

A CASE OF ACETANILID POISONING FROM ABSORPTION.*

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While acetanilid poisoning and addiction to the drug are, unfortunately, but too common, the following case is of interest, first, because the poison resulted from the local application of the drug; second, because the patient was entirely ignorant of its effects and did not associate the constitutional symptoms with the local condition for which the drug was used; and, finally, because, in spite of its protracted use, the drug had not produced a habit and was withdrawn at once without any difficulty.

Cyanosis, sudden heart weakness and other symptoms of depression have frequently been observed following the application of acetanilid to the skin, particularly after extensive burns, but the first case of chronic poisoning was recently reported in an exhaustive article on the subject by Herrick and Irons,¹ who state that their case is the only one, so far as they have been able to ascertain, "in which chronic acetanilid poisoning resulted from absorption through the skin."

The history of my case is as follows:

Patient.—M. D., female, aged 37, was admitted to my service at the Polyclinic Hospital, June 19, 1905. The only item of interest in the family history is that the mother died of pulmonary tuberculosis. The patient always enjoyed good health until seven years ago, when she had an attack of influenza, since which time she has had recurrent attacks of the disease

* Read before the Philadelphia County Medical Society, May 23, 1906.

1. THE JOURNAL A. M. A., Feb. 3, 1906, p. 351.