four hours' cessation I judged further administration unnecessary. Still it seems remarkable in view of his reports that the patient, after the heroic doses given, responded throughout without suggestion to the calls of Nature, and was able so obviously to keep jealous watch, waking or sleeping, over the movements of his wife. The statement that "the full effect of the drug is not manifest for at least twenty-four hours after the last dose" is well borne out. With regard to this method being "a new departure in the treatment of acute mania," I would refer to Clouston,[2] when he says: "I have used the bromide alone in acute mania extensively and experimentally. In small doses it seems to have no effect. In very large and continuous doses, say a drachm every three hours, continued for many days, it will cause bromism and quiet the patient; but when its influence is over he becomes as bad as ever. I have never seen any medicine where the maniacal excitement and the physiological brain torpor of the drug seemed so visibly to fight for the mastery." It would appear from this that the same quantity of the drug per diem is more potent when given in larger doses at shorter intervals.

REFERENCES.
1 BRITISH MEDICAL JOURNAL, January 20th, 1900. 2 *Mental Diseases*, third edition, 1892, p. 171.

THE TREATMENT OF THE PAROXYSMAL STAGE OF WHOOPING-COUGH.

BY JOHN EDWARD GODSON, M.R.C.S., L.R.C.P.LOND.
Manchester.

THE following drugs have been mentioned as of service in the treatment of this disease: Alum, antipyrin, acetanalide, belladonna, bromides, cannabis indica, carbolic acid, chloral hydrate, creosote, lobelia, opium and its derivatives, phenacetin, quinine, etc. This list, on account of its prodigality, is confusing to the novice, and appears to show that there is a considerable difference of opinion with regard to the correct treatment of pertussis. In the early months of the year I sent round a circular to a number of general practitioners in the hope of obtaining an answer to the following questions: Are all these drugs in actual use? Which drugs are considered to yield the best results? Which drugs are most frequently employed? An examination of the answers to this circular furnished the following conclusions: The list of drugs is considerably diminished. Those commonly employed and chiefly depended upon are antipyrin, belladonna, bromides, carbolic acid, creosote, and opium. While as accessory and occasionally useful drugs are mentioned chloral hydrate, quinine, butyl-chloral-hydrate, etc. The antispasmodics are always combined with expectorants, of which the alkalies are the greatest favourites. Inhalants appear to be in general use, the ones referred to being carbolic acid, creosote, bromoform, and chloroform. None of the other drugs in the first list have been employed by my correspondents. The relative popularity of the various drugs is as follows: Belladonna, 32 per cent.; carbolic acid, 28 per cent.; bromides, 20 per cent.; creosote, 12 per cent.; antipyrin, 6 per cent.; opium, as paregoric, 2 per cent. These results, while not pretending to be authoritative or exhaustive, are interesting as coming from a good representative group of general practitioners.

None of the answers I received were enthusiastic except from those who had used creosote. This remedy was strongly praised. It appears to have little effect when given internally, and must be used as a vapour. The results obtained are far more satisfactory when the inhalation is continuous than when it is intermittent. The simplest and best method is to sprinkle the drug on a cloth, and hang the cloth in the nursery or sick room to dry. In this way a highly-impregnated air can be constantly supplied to the patient. Many other methods can be employed, but none are so satisfactory as this. The inhalation appears to be free from danger except where the chest is full of moist sounds, in which case its effect should be carefully watched.

The method of treatment I have found most satisfactory is the following: Commence at once with the continuous inhalation of creosote. Clear the lungs of bronchitis as much as possible before using any special internal antispasmodic remedies. In broncho-pneumonia, however, belladonna appears at once to do good. In all cases, if or when the chest is fairly clear, and the circulation good, antipyrin may be given in suitable doses. Expectorants should be combined with the antipyrin. Good air, warm clothing, light, and wholesome food are necessary in all cases. I have followed these rules for the last six years, and am quite satisfied with the results. The average length of time required for cure in a variety of cases last year was 19.8 days, but these figures in no way represent the benefit derived from the creosote treatment. In every case the diminution in the numbers of paroxysms was so immediate that the patients willingly put up with the inconvenience of the smell of the drug for the sake of its manifest advantage. This in itself is a sufficient testimonial to the remedy to warrant its more extensive employment.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

ABDOMINAL WOUND INFLICTED BY A RHINOCEROS.

ON March 11th I received a telegram asking me to see a man who had been severely wounded by a rhinoceros about eighteen miles away. I was unable to get to the spot until about 11 P.M., the accident having occurred about twelve hours previously. The patient was a Soudanese orderly belonging to the Uganda Rifles. He was a man of about 40 years of age. After the injury had been inflicted, he had to walk about 2½ miles to get into camp. Everything in the way of examination and treatment had to be done in a bush tent, by the aid of the light from a couple of hurricane lamps, and without any experienced assistant. The abdominal wound was in the left inguinal region, occupying the anterior abdominal wall for a length of about 6 inches, about 2 inches above, and almost parallel to Poupart's ligament. Protruding beyond the wound, and resting on the adjacent parietes, were several knuckles of gut, all bloodstained, and looking very ragged. The visceral peritoneum was hanging in shreds but there was no perforation of the intestine visible.

I enlarged the original wound, so as to allow an examination of the gut above and below the protruded portion, and also to give a freer access to the abdominal cavity. The intestine thus brought into view appeared quite normal. Doubtless the injected appearance of the external knuckles was largely due to the severe constriction they were subjected to by the edges of the wound interfering with the venous return. I thoroughly cleansed the protruding gut, as well as the adjacent portions. The abdominal cavity, as far as I was able to make out, did not show signs of extravasation into it. I next carefully loosened the parietal peritoneum from the subjacent transversalis fascia, the delicate layer of extraperitoneal fat rendering this comparatively easy.

The protruded knuckles were now carefully returned, and the parietal peritoneum of either side was brought together by sutures, the muscles were brought together by another set of sutures, and the skin and superficial fascia of either side were drawn together by a third line of sutures. The wound was dressed antiseptically, and I placed a firm pad over it, to resist as far as possible the pressure of the internal viscera on this weakened spot. On the buttock of the same side there was a deep wound, evidently inflicted by the second horn of the infuriated beast. This was dressed and a dose of opium administered. Unless any alarming symptoms should supervene, I asked his commanding officer to have him carried to the station in forty-eight hours, and by train to Makindu Hospital, where I could have him directly under my care.

In two days the patient came to hospital appearing to be in very good spirits. There was no pyrexia. The abdominal wound was healing perfectly; the action of the bowels was regular, and there was no pain over the wounded region. Progress from this time onwards was very rapid, the patient being discharged on March 21st, eleven days after the accident.

I would have kept him longer, but he appeared at the door of my hut on the morning of March 21st whilst I was at breakfast, and expressed a wish to return to his duties. Before leaving I got a rough truss made with a large pad to rest on

the line of the original wound, and told him most emphatically to wear it daily for a long time, which precaution I hope will prevent the formation of a ventral hernia.

E. Wynstone Waters,
Assistant Medical Officer to the Uganda Railway.
Mombasa, British East Africa.

A CASE OF SCARLATINA PEMPHIGOIDES.

Some months ago I was called to see a female child, aged 6, who was suffering from an attack of scarlatina of an apparently mild form. At the end of six days the fever had abated, and the patient was apparently convalescent. On the seventh day from the appearance of the typical rash the skin became covered with vesicles and the temperature rose again to 103° to 104° F.; this rise of temperature was accompanied by symptoms of arthritis in the knee-joints, elbow-joints, and wrist-joints. After three or four days the vesicles became merged together and pustular.

Under treatment by salicylate of soda the arthritis subsided, but the temperature remained high, ranging from 101° to 102°, and continued above normal for a period of ten days, during which time there was a free discharge of pus from the coalesced pustules. Although antiseptic dressings were carefully applied it was four weeks from the appearance of the vesicular rash before suppuration had ceased and the patient was able to leave her bed.

From this time the child made an uneventful recovery. The pustules had extended all over the trunk, limbs, face, and scalp, and so large was the crop that it suggested a complication of small-pox. However, there was no umbilication, nor was there any pitting after recovery, with the exception of two or three places on the face which had been scratched by the child. There was no albumen present in the urine, nor were any of the serous membranes affected. The mother and brother of the child had just recovered from scarlatina when she was attacked.

Sir Samuel Wilks in his lectures writes: "Last year I saw two cases where so large a crop of vesicles came out on the forearms that it suggested to the medical men a complication of small-pox." I do not, however, find any mention of a case where the vesicles were distributed all over the body and went on to the pustular stage with such profuse suppuration as in the case recorded. It appears to me that this might have been a case of varicella in some way exaggerated by the scarlatina virus, and thus took on such a severe type. I have seen isolated varicella vesicles go on to the pustular stage owing to some interference with their normal course. As the period of incubation of varicella is at times extended to 16 or even 18 days the child may have been exposed to infection before the onset of scarlatina.

Selby. Arthur Somers, M.B., B Ch., B.A.O.Univ. Dub.

A CASE OF PERFORATING GASTRIC ULCER.

On June 3rd, about 1.30 P.M., I received an urgent message to visit Mrs. O., aged 48, who had been taken seriously ill. I found that she had been suffering from chronic dyspepsia for some years, but had received no medical advice, although during the last week the symptoms of pain and discomfort after food had been much increased. About 12.30 P.M. she was suddenly seized with agonising pain in the stomach, with retching, but no vomiting, as she had taken no food since the previous evening. I found her in a state of extreme collapse, covered with a cold clammy sweat, and almost pulseless. Her face was drawn, and she was suffering intense pain. She had been given a little brandy, which increased the pain. On examination, I found great tenderness to the left of the epigastrium, in the left iliac region, and across the hypogastrium. There was no clavicular pain. The hepatic dulness was not diminished. Her breathing was almost entirely thoracic. The abdomen was slightly tympanitic.

From the history of the case, the sudden onset of the acute symptoms, and the extreme collapse, a diagnosis of perforating gastric ulcer was fairly evident. The surroundings of the patient precluded operative measures, and as she was too ill to bear removal to hospital, I ordered hot applications to the abdomen, and gave her $\frac{1}{3}$ gr. of morphine hypodermically. When I saw her again in the evening she had somewhat rallied, and the pain was not nearly so severe. The pulse was a little stronger, and the body surface had recovered its warmth.

Early on Monday morning I was again called, and found the patient dying with all the symptoms of acute peritonitis. She was in a collapsed condition, though her temperature was 101° F., and the end came at 7 A.M., eighteen hours and a half after she was first taken ill.

Tiverton, Devon. G. Michelmore, M.R.C.S., L.S.A.

FOREIGN BODY TWENTY-FIVE YEARS IN THE EXTERNAL AUDITORY MEATUS.

J. M., aged 35, was sent to me by Dr. Reid. He stated that 25 years ago he had put a piece of slate pencil into his right ear, and that it had since remained in. I admitted him to the Royal City of Dublin Hospital. He was very deaf, and both ears were packed with dense masses of cerumen. After syringing for some time the mass of cerumen in the right ear was softened, and a hard substance was felt embedded in it. I could seize it with a forceps, but it would not come, so it was moved about as much as possible inside the ear, and the cerumen further softened with oil, and next day, when the ear was being syringed, a piece of slate pencil, three-quarters of an inch long, came out; it was sharply pointed at one end, and had got jammed sideways in the meatus, where it lay for 25 years, causing no pain, but considerable deafness from the accumulation of cerumen. The membrana tympani was thickened and rough on the surface, but not unduly vascular, and after inflation by Politzer's method the hearing in the right ear was improved to whisper at 2 metres and C. V. at > 5 metres.

The above is a good instance of how long a foreign body may remain in the external auditory meatus without producing any serious inflammatory reaction.

Arthur H. Benson, F.R.C.S.,
Ophthalmic and Aural Surgeon to the Royal City of Dublin Hospital; Surgeon to St. Mark's Ophthalmic Hospital.

WASP STING OF THE TONGUE.

On the evening of September 7th a boy, aged 13, was brought to me who had been stung by a wasp on the under surface of the tip of the tongue twenty-five minutes previously. He was in great pain and salivating profusely. I found the tongue greatly swollen, hard, tender, and rounded in shape. The frænum was tightly stretched, and the tongue protruded nearly an inch beyond the teeth. A quarter of an hour later the organ had become still more swollen and quite immobile. Any attempt at movement produced pain in the floor of the mouth and in the neck. In the meantime the saliva ran away in astonishing quantities. The submaxillary glands were swollen and tender, and the widely-distended lingual ducts could be seen pouring out their secretion.

Thinking operative interference by no means a remote possibility, I kept the boy under observation for an hour and a half, by which time some movement had returned and the organ had become less tense. The salivation continued throughout the night, but the swelling rapidly subsided.

There is little doubt that had the insect flown far enough into the mouth to sting the soft palate the boy's life would have been in danger in a very few moments. The enormous activity of the salivary glands was the chief feature of the case. As pain seemed the severest symptom requiring treatment the tongue and mucous membrane of the mouth were brushed with a strong solution of carbolic acid, with the greatest relief to the sufferer. I saw no remote toxic symptoms; the pallor and faintness I attributed to fright.

Little Sutton, Chester. Herbert W. Nott.

POISONING BY STRYCHNINE: RECOVERY.

A recruit of the R.A.M.C. at Netley, disappointed that he had not been sent to South Africa, took one ounce of the liquor strych. hydrochlor. *B.P.* This solution was kept in the operating theatre to be used should there be untoward symptoms during chloroform anæsthesia, and the man was employed in the theatre. He had eaten a hearty dinner rather more than half an hour previously. An hour after swallowing the solution, symptoms came on. He called for assistance, and was at once given an emetic of mustard and