Clinical Notes

his body round from his hips when walking. When lying down he complained of shooting pains down both legs.

I ordered him three grains of calomel, and a mixture containing: Chloral hydrate, ten grains; tinct. cannabis indica, ten minims; aqua ad., one ounce. Dose, one ounce three times a day, and keeping his bowels regular with small doses of calomel.

The patient remained in this condition for three weeks, when he gradually got better. At the present time the child is almost well, except for one feature which has been present all along, viz., that his manner has quite altered; he is very bad-tempered, although he laughs at almost everything that is said to him, and has a peculiar silly-looking expression. In every other respect he is in good health.

The bite of the Tic-polonga is always regarded as fatal in a very short time, and this was an average sized one, being 2 feet 6 inches long.

ON THE TREATMENT OF ERYSIPELAS OF THE SCALP AND FACE.

By Major C. H. Hale,
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In opening these few lines on the treatment of the above complaint, I would state that in my opinion carbolic acid is not resorted to frequently enough in the treatment of infective inflammations, such as erysipelas, lymphangitis, &c.

Bacteriology has advanced by leaps and bounds of late years, and yet I have frequently seen the old treatment of dusting powder of starch and zinc, or starch alone, adopted up to quite recently; and, again, in many modern works on surgery no local treatment beyond the above is recommended. Erysipelas, even in its so-called idiopathic form, is due to the introduction of a streptococcus through some wound, however minute.

It is always to be regarded as a dangerous disease about the face and scalp, owing to the possibility of its spreading to the intracranial tissues through one of the communications existing between the external veins and the cavernous, superior longitudinal or lateral sinuses; in broken-down constitutions this may be very rapidly accomplished, often being only a question of a few hours, and thus leads to an early fatal result. Probably most medical men who have had any length of experience in workhouse infirmaries can easily recall such a case. It therefore behoves us to do something more locally than merely cover up the affected area with dusting powders or cotton-wool; we must vigorously attack the streptococci, and not leave the condition of the patient to fight the germs, aided only by the internal administration of iron and other drugs.
The chief indications, locally, in treating such a case are to reduce the pain and swelling; but since these symptoms are due to the presence of streptococci in the tissues, it resolves itself into attacking these microbes. For many years I have used the following with the most successful results:—

Take pulvis cretae aromaticus cum opio and mix thoroughly with glycerine until a mixture of the consistence of treacle has been obtained, then measure the quantity and add liquefied carbolic acid, so that there shall be one part of liquid acid to every ten parts of the mixture; the preparation should now be carefully rubbed up until thoroughly mixed, and then painted over the affected area with a camel-hair brush. After about ten minutes, lightly cover over the painted area with a single layer of lint.

The result of such application is threefold: firstly, pain very soon disappears; secondly, the swelling soon subsides, and a fair amount of water often exudes through the application, much as ordinary perspiration oozes through theatrical paint or grease; and thirdly, the part is absolutely protected from contact with the air. But another result follows which is of the greatest importance, and which shows that the progress and vitality of the streptococci are being successfully attacked, and that is reduction of the fever. I have often reduced the temperature from about 105° F. to normal in twenty-four hours, and rarely have I seen it higher than 99° F. after forty-eight hours. The old application should be washed off the face or shaved scalp in twelve hours or so, and reapplied in the same way. Perchloride of iron, either alone or combined with mag. sulph., should be given throughout.

I cannot say if it is the acid or the opium which relieves the pain, but certain it is that the application gives most rapid relief, and often before the affected part has been fully painted the patient will make such a remark as, "Oh! how beautifully cool and soothing."

Had I the notes of all my cases so treated at hand it would be tedious to relate them; I will, however, conclude by relating the following case and its amusing dialogue from memory:—

A few years ago I was called by a colleague in consultation over a case of erysipelas of the greater part of the scalp; there were several areas of bogginess, and the temperature was somewhere about 105° F., and the pulse rapid. The patient was a strong, healthy man, and beyond complaining of pain, I cannot recall any special symptoms. My colleague suggested free incisions over the boggy areas; I did not agree, and at once I suggested the above treatment. He replied, "But, my dear fellow, if you could see them, you would find millions of streptococci right down to the aponeurosis, and even beneath this, possibly; how are you going to get at them?" My answer was, "I do not care how many streptococci there are; I am not suggesting experimenting on the case; I recommend it because practical experience has taught me that it is the proper
treatment, and I know that it will kill all the streptococci far better than your knife will, and I feel sure I can thereby reduce the temperature to normal in forty-eight hours.” He gave in, and agreed to “try” the treatment. I can well remember that next day the temperature was practically normal, and the patient convalescent. Well may we say with Dr. P. W. Latham, “While you struggle to be scientific do not forget to be practical” (British Medical Journal, p. 892, October 5th, 1901).

TWO CASES OF BILHARZIA HÆMATOBIA.

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CASE 1.—Sergeant F. Emery, 2nd Lincolnshire Volunteers, was invalided from Reifontein in the Rustenberg district of the Transvaal, and was admitted to Cambridge Hospital, Aldershot, February 20th, 1902.

He gave the history of having suffered continuously for months from the passage of blood with his urine, this condition having commenced four months after his having entered the Rustenberg district. On admission micturition was said to be frequent and painful—blood flowed with and after the last ounce of urine, the initial stream being perfectly clear, and the blood lost on each occasion being estimated at 2 drachms.

The urinary sediment, obtained by centrifuging, when placed under the low objective was found to contain numerous ova of bilharzia, the ova lying in a thick deposit of xanthocytes, leucocytes and triple phosphate crystals. Under higher powers it was seen that the advanced development of most of the ova afforded unusual opportunities for studying the water-vascular system of the contained embryo, and under the oil immersion lens the following features were demonstrable:—

The contractile bodies, four in number, were arranged in pairs opposite the coronal apertures, and pulsed synchronously at the rate of 240 beats per minute. Seen transversely they were 7 microns in diameter, with thick, well-defined walls, and filled with a circulating fluid containing highly refractile particles. Seen longitudinally they were short tubes containing in their lumen a dark flame-shaped object with three curves undulating from base to apex synchronously with the pulse. The anterior contractile bodies were directed upwards and backwards, they were traceable by careful focussing to within a short distance of each other dorsally, eventually being lost among the sarcoce granules in which they were embedded. The posterior pair, more transversely placed, were also traceable towards each other, to be lost sight of before reaching the mid-line. No lateral anastomoses were apparent, nor any communication with the coronal apertures.

Intraovarian embryonic movements were most vigorous, they increased