Erichsen records a case of pyæmia in which a collection of pus was found in the intermuscular strata of the lower third of the thigh. There was a free communication between the abscess cavity and the knee-joint and the author concludes that the joint had suppurated and its contents extravasated into the tissues of the limb. In the present case it will be remembered that the probe inserted into the abscess cavity passed right down into the joint. In dressing the limb it was seen that all the pus came from below upwards, and when drainage was deficient pus could only be obtained on making pressure in that direction. Assuming that in the present instance the joint suppurated and that the pus found its way into the tissues of the thigh the subsidence of the effusion in the knee and the increased circumference of the limb are easily explained.

It is important to note that this case narrowly escaped record as an example of cure by anti-streptococcic serum. About the fourteenth day of the disease, when its septic nature had long become obvious and the condition of the patient was exceedingly grave, the temperature remaining between 102° and 104°, it was determined to use this serum, and preparations were actually made for this purpose. At the very last moment, however, in view of the fact that so far there had been no actual evidence that it was a pus-producing organism which was at work, the injection was abandoned. The very next morning the temperature had fallen from 104° to 99°. If the injection had been administered it would have been held responsible for this sudden drop and would doubtless have been regarded as having influenced favourably the whole course of the disease. The treatment of the case on ordinary surgical lines shows that it was not any antitoxin artificially injected into the tissues which determined recovery, but the actual production of the antitoxin from the constituents of the blood of the patient.

Spitalfields, E.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

PAROTITIS AFTER ABDOMINAL SECTION.

BY BERTRAM ADDENBROOKE, M.D. DURH., M.R.C.S. ENG., &C.

IN THE LANCET of Jan 19th, 1901, p. 176, Dr. William Elder records a case of parotitis after abdominal section, a brother of the patient who was living in the same house having had an attack of parotitis epidemica (mumps) 49 days previously. This, considered in contrast with cases under my care where two cases occurred in other members of the family after parotitis in a patient, a sequel to abdominal section,[1] is, as Dr. Elder remarks, very interesting, and although he is of opinion that it is doubtful whether his case was one of parotitis (from metastasis?) or true mumps, I venture to think that the previous occurrence of parotitis epidemica in the house was only a coincidence. There is, however, one very striking point of resemblance between the cases reported by Dr. Elder and by myself. It is this: three days after the operation on his patient parotitis developed, and as I recorded in THE LANCET of Dec. 29th, 1900, there was the same duration of time in the case under my care and, furthermore, in the two other members of the family who subsequently suffered from parotitis there was the same interval between the exposure to infection and the supervention of parotitis as in the abdominal cases—namely, three days.

Kidderminster.

DORSAL DISLOCATION OF THE FIRST PHALANX OF THE LITTLE FINGER.

BY EDWYN M. RIDGE, M.R.C.S. ENG., L.R.C.P. LOND.

HAVING seen the article on Dorsal Dislocation of the First Phalanx of the Little Finger by Mr. Harold L. Barnard in THE LANCET of Jan. 12th, 1901, p. 88, I think it would be interesting to record a case of what he calls a "complete complex dislocation" which came under my notice shortly afterwards. A youth, aged 19 years, came into the receiving-room of the Poplar Hospital for Accidents where repeated attempts were made at reduction by the ordinary methods. He gave a history of falling backwards and in putting out his hand behind him to save himself he bent his finger backwards. Further attempts were made under an anæsthetic without avail, and then the simple operation suggested by Mr. Barnard was resorted to with very favourable result, the patient making an uneventful recovery, good movement and power being already attained. The way in which the accident occurred in the case which I have described seems to me much more likely to happen frequently than that which Mr. Barnard alleges.

Enfield.

[1] THE LANCET, Dec. 29th, 1900, p. 1873.

SERUM TREATMENT OF DIPHTHERIA ON THE FOURTH DAY OF THE DISEASE.

BY RALPH S. MCD. PULLEN, M.R.C.S. ENG., L.R.C.P. LOND.

ON a Wednesday evening recently, at 11 P.M., I was sent for to see a child, aged four years, who was stated to be suffering from a "sore-throat." The patient had been taken ill on the previous Sunday. I found the tonsils covered with membrane and bleeding. There was a nasal discharge. Such difficulty of breathing as existed was due to nasal and not to laryngeal obstruction. The temperature was below 100° F. At midnight I administered an injection of serum under the skin of the abdomen. The patient was comfortable and slept during the night and in the morning appeared somewhat brighter as regarded her general condition. I advised her removal to hospital where she received a second injection at 1 P.M. on the Thursday. The membrane disappeared with marvellous rapidity and the general improvement was very marked. She has made a good recovery up to the present time.

I communicate this case as I consider the interest lies in the successful issue of an injection at such a late period—some 96 hours—after the invasion of the disease.

Stoke, Devonport.

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.

WESTMINSTER HOSPITAL.

A CASE OF RECURRENT APPENDICITIS COMPLICATED BY GENERAL SEROUS PERITONITIS AND EFFUSION.

(Under the care of Mr. W. G. SPENCER.)

PROBABLY the rarest complication of inflammation of the appendix is a serous—i.e., non-purulent—effusion and this is due to the fact that if an appendicitis is sufficiently severe to cause any peritonitis this will be due to the passage of micro-organisms through the wall of the appendix, and these micro-organisms are nearly always pyogenic. If, however, merely toxins pass into the peritoneum or microbes of a mild type then a non-purulent peritonitis may arise which may disappear after drainage. It would have been of interest to have had the result of a bacteriological examination of the peritoneal fluid in the following case, and an examination of the sputum in the pneumonia might have shown an identity in microbic infection between the peritonitis and the pneumonia. For the notes of the case we are indebted to Mr. A. Whitehouse, dresser.

A well-nourished generally healthy man, aged 24 years, was admitted into Westminster Hospital on Dec. 29th, 1900; there had been severe pain in the abdomen and repeated vomiting for the previous 24 hours He had had a right inguinal hernia operated on by Mr. W. Anderson at St. Thomas's Hospital. In November last the patient had been suddenly