

under the circumstances. On opening the abdomen, we found the bowels covered with pus, and the usual evidence of extensive inflammation. In the stomach we found two or three large lumbrici, but the duodenum and whole of the intestines down to the rectum were completely filled with large round worms. At every incision I made I could draw out masses of worms twisted together in every way. I suppose out of some eight or ten incisions I took over one hundred worms, but this did not represent a tenth part of what the intestines evidently contained. Lack of time prevented me making a thorough examination, and finding the exact number present. I have never before met such a case, and perhaps it may be of interest to some of your readers.

WM. GEDDES STARK.

Hamilton, Feb. 10th, 1888.

CASES IN PRACTICE.

The following observations may be of interest to the profession, showing as they do how an intercurrent rash may be developed during the course of an attack of chicken-pox or small-pox.

W. F. B., æt. 10 years, was attacked with varicella. Pocks full and large on Monday, 16th inst.; on Wednesday, 18th inst., scarlatinal rash appeared; and on Sunday, 22nd inst., the rash was fading rapidly. The boy now appears to be doing nicely. The scarlatinal rash was profuse. Nearly 21 years ago, during an epidemic of small-pox, I attended a young woman on whom, on or about the second week of that disease, a rash appeared in the interspaces of the pocks, which developed in the usual time, into an apparently well marked case of measles, ran the usual course and disappeared, ere the traces of the pocks had disappeared.

A. ARMSTRONG.

Arnprior, Feb., 1888.

Correspondence.

OUR LONDON LETTER.

(From Our Own Correspondent.)

LONDON, Feb. 12th, 1888.

CLINICAL NOTES.

The following case of severe endocarditis, with recovery under large doses of sodium sulpho-carbolyte, may prove of interest to readers of the LANCET.

Patient, Ellen H., aged twenty, under care of Dr. Sansom, London Hospital, was poorly nourished, somewhat anemic, extremely weak and prostrate. She complained of a sensation of weight at the heart and a pain that encircled her at the level of the diaphragm. Had some family history of rheumatism, and the patient herself was said to have suffered from rheumatism, with inflammation of the lungs, twelve months previously. Present illness commenced with sore throat, followed by pain in the head and left side, and for a week before admission she coughed and spat up a little blood. Breath sounds were deficient at base of left lung, together with slight comparative dulness. The outline of the heart, as determined by percussion, seemed normal; there was a soft systolic murmur at the apex. The urine was of sp. gr. 1020, acid, contained a little mucus, but no albumen. Patient was fretful and complaining, dozing during day, and wakeful at night, asserting that she suffered pain in varying situations; frequently groaning. The temperature was 104.5° F. For seven weeks she continued in a very unsatisfactory condition. During this time the signs of auscultation of the heart varied considerably. The systolic murmur which was at first soft and slightly pronounced, became musical in quality, and was heard down the left border of the sternum, as well as in its former situation. The second sound heard over the site of the pulmonary valves, was one day slightly pronounced, on another it was accentuated, on another but feebly heard. Five weeks after admission a short diastolic murmur was heard at the left border of the sternum, at the level of the sixth rib; this became more and more marked and was heard at a higher level, showing that the endocarditis was progressing. Observation of the pulse by the finger indicated low tension, but not nearly to such degree as was revealed by the sphygmographic tracing. The general condition of the patient somewhat resembled that of typhoid; the peculiar hebetude, constipation, alternating with diarrhea, continued prostration, rapid wasting, and irregular breathing, the rate of respiration varying from twenty-eight to forty-eight.

The patient was first put upon tincture of perchloride of iron in fifteen minim doses, with twelve minims of tincture of digitalis; the throat, still sore, being gargled with a solution of chlorate of potassium. This plan of treatment, with a slight