Dr. Eustace Talbot reported two cases of hæmorrhage into the suprarenal capsules in the *St. Bartholomew's Hospital Reports* for 1900, in which he also refers to two cases reported by Drs. Andrews, Garrod, and Drysdale in the Pathological Society's *Transactions* for 1898. These four cases were all unvaccinated, were apparently healthy children, suddenly taken ill, with a rapid and fatal termination. Subcutaneous hæmorrhages occurred in the two latter cases only, and convulsions seem to have been a prominent symptom in the two cases reported by Dr. Talbot. It will be noted that in our cases no convulsions occurred. The only morbid changes found *post mortem* in all these four cases was hæmorrhage into the suprarenal capsules, all the other organs being apparently healthy.

In conclusion, we desire to express our gratitude to Drs. Eustace Smith and J. A. Coutts for permission to publish these cases, and we also have to thank Dr. Clive Riviere, Pathologist to the hospital, for the use of the *post-mortem* examination notes.

EXPERIMENTAL MALARIA: RECURRENCE AFTER NINE MONTHS.

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A SUCCESSFUL experiment, of which I was the subject, on the production of malarial infection by mosquito bite, is recorded in the BRITISH MEDICAL JOURNAL of September 29th, 1900. The sequel is of interest.

As a result of the bites of mosquitos fed in Rome on a case of benign tertian ague, I developed a double tertian fever. The first symptoms appeared on September 13th, 1900, after an incubation period of between ten and sixteen days. The illness lasted from September 13th to September 17th, when, the presence of the parasite having been fully confirmed, 10 grs. of quinine were given. This treatment was followed by 5 grs. three times a day for a week, and a subsequent after-treatment of 5 grs. of quinine three times a day on Sundays for the following three months. There was no recurrence at that time of symptoms of malarial infection after the first dose of quinine, and I kept in normal health till May 30th, 1901, a period of nine months. I changed my abode from London to Aberdeen on April 15th, 1901, having resided in London since the original attack. On May 30th, 1901, I commenced without obvious reason to have prodromal symptoms of illness; these were *malaise* and pain in the splenic region. Two days later—on June 1st—a definite malarial paroxysm occurred. The following are the notes of my case:

June 1st. For the previous two days I had been feeling out of sorts, and had experienced slight aching in the splenic region. At 2 P.M. on this date I had a sensation of chilliness, accompanied with extreme lethargy and boneache. The temperature was 99.8° F. At 5 P.M. I became extremely chilly, but no actual rigor occurred; temperature 101.2° F. I went to bed, and at 6 P.M. began to feel warmer; temperature 102.6° F. At 9 P.M. profuse sweating set in; this gave considerable relief. At 10 P.M. the temperature was 103° F., and diaphoresis became more marked. The edge of the spleen was palpable, the splenic dulness increased, and the organ was both painful and tender. During the day there had been complete anorexia. Blood films were prepared, but were not examined till June 3rd.

June 2nd. Woke at 4 A.M., having slept well and sweated profusely during the night. At 6 A.M. the temperature was 99.8° F., by 10 A.M. it had fallen to 98.6° F.; during the rest of the day there was no pyrexia. Though feeling languid I was able to get about, and ate fairly well

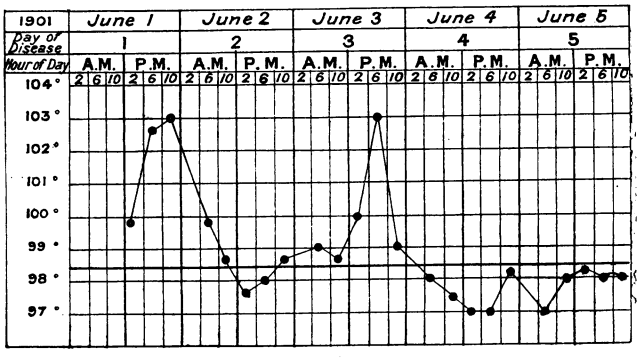
June 3rd. After a good night's rest I woke at 6 A.M., feeling quite well, with a temperature of 99° F. At 10 A.M. the temperature was 98.4° F. A small crop of herpes had developed at the angle of the mouth. I examined fresh films of blood drawn at 10 A.M., and found benign tertian parasites. At 12.30 P.M. shivering set in. Dr. Duncan, Assistant to the Professor of Pathology, Aberdeen University, then stained and examined blood films, finding young and older forms of the benign tertian parasite. During the rest of the day the parasites were found on several occasions, both in fresh and stained specimens. At 3 P.M. the hot stage supervened, and at 6.30 P.M., the temperature being 103° F., pronounced diaphoresis occurred affording marked relief. By 10 P.M. the paroxysm was over, the temperature having fallen to 99° F., and no inconvenience beyond slight pain in the splenic region remained. The spleen was still enlarged and slightly tender. During the day there was little desire for food. Quinine grs. x was taken. The films prepared on June 1st were stained and examined, and were found to contain a considerable number of young and older forms of the benign tertian parasite.

June 4th. During the day the temperature remained normal or subnormal. Spleen still palpable. The parasite was readily demonstrated in stained and fresh specimens during the whole day. A treatment of quinine grs. v three times a day was adopted, and continued during the following week.

June 5th. No recrudescence of fever. Parasites, though fewer, were still present. The spleen was no longer palpable nor tender.

June 12th. During the week there was no recurrence of fever and I am in normal health. Quinine grs. v has been taken three times daily. A further treatment of quinine grs. v three times a day on Sundays for the next three months will be adopted.

From a consideration of the facts above recorded, and from the temperature chart, it will be seen that the case was one of simple benign tertian malaria, the original infection in September, 1900, having been of the double tertian type.



I am indebted to Professor Hamilton, Professor of Pathology, Aberdeen University, for confirming the presence of the parasite both in fresh and stained blood films; to Dr. Duncan, Assistant to the Professor of Pathology, Aberdeen University, for preparing films, staining and confirming the presence of the parasite; and to Mr. A. L. N. Maclean, of Aberdeen University, for preparing films. Dr. Manson, of the London School of Tropical Medicine, to whom stained specimens were sent, also confirmed the presence of the parasite of benign tertian malaria.

MEMORANDA:

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

A RECTAL PROSTATIC SINUS.

THESE notes may be worth recording. A. B., aged 30, came to me over two years ago on account of a frequently recurring discharge from the rectum, and various unpleasant sensations, such as "stabbing" and throbbing about the prostatic locality, which induced a state of almost confirmed melancholia. I had treated him six years before for gonorrhœal prostatic gleet, but he never had a prostatic abscess.

On examination I found a perfectly white discharge oozing from a small sac about half an inch from the margin of the anus. Pressure on this sac caused about a drachm of the fluid to exude. The prostate seemed normal to touch. A probe passed into the sac went three-quarters of an inch in the direction of this gland The microscope showed pure prostatic secretion, but no pus cells.

I told my patient, who was exceptionally intelligent, that I was doubtful as to the course to pursue, for if I opened up and packed the sinus, I was afraid the discharge might still continue. I told him I would first try the passage of large sounds, with the possibility of encouraging the secretion to escape through its natural channels by opening the ducts, and also to remove inflammatory relics.

This treatment did no good whatever. It was suggested that the regular performance of the function of the sexual organs, by keeping the plethoric prostatic ducts less full, might prevent the secretion appearing at the abnormal site, and such was the case. Yet the consciousness of the existence of the abnormality in itself kept my patient on the confines of insanity. Emaciation and insomnia became marked, and I feared suicide. It was remarked there was a certain periodicity about the escape of the fluid at the sinus. My patient next saw a distinguished surgeon. The latter naturally enough considered that he had an abscess, and proposed to lay it open. This was done.

This treatment was also ineffectual. I therefore tried the more radical expedient first suggested—that is, I slit up not