day after the accident he complained of pain and stiffness in the back and shoulders, and the quadriceps muscles of the leg, and had difficulty in eating, drinking, and in opening his mouth. He then sent for his medical adviser, Mr. Campbell, of High Park-street, and was treated for eight days with chloroform, by which means his condition considerably improved. On the contrary, his jaws became more fixed and he became quite unable to swallow solids, though still able with difficulty to manage liquids. He suffered also from spasms, which, at first few in number and slight, increased in frequency and violence, and were readily produced by the slightest noise, movement, or excitement. At this time I was requested to see him with Mr. Campbell, and I did so on the fourteenth day after his accident. At this time he had spasms about once in three minutes. The muscles of his arms were softer. There was marked opisthotonos. His spasms were very frequent and strong. At 6 p.m. the spasm, which was all I possessed) into the gluteal region. Though placed there were no marked increase in the urine, and in the quantity of urine, which remained as before. The slightest touch gave rise to spasm, with marked ophthalmotonia. The rice sardonicus was marked, while the jaws could be opened about a quarter of an inch. The patient consented to this line of treatment and requested me to get some antitoxin. After some difficulty I was able to get some of Roux's antitoxin for tetanus, which was kindly given to me by Dr. Carter, of Rodney-street. I then removed the stump ended in an unhealthy-looking wound, and then the tourniquet was cut upon the first phalanx of the same finger. I find that 31 cases were treated with Tizzoni's with a result of 23 cures and 8 deaths, or a mortality of 25·8 per cent., while with Roux's 13 cases were treated, 4 being cures and 9 deaths, or a mortality of 69·23 per cent. Further on (page 101) he says: "Of the 31 cases treated with Tizzoni's antitoxin 3 only can be considered test cases, and of these only one survived, while all of the Roux's acute cases died." I found no untoward symptom arise from the use of either antitoxin. The only drawback in the use of the antitoxins was that they were only soluble with difficulty in the sterilised water, particularly the Tizzoni. I may mention that I last saw the patient about a month ago, and he was then in good health. In conclusion, I wish to draw attention to the trouble I had in obtaining any tetanus antitoxin. During the Saturday and the Monday morning I attempted in many ways to get some, and signally failed, till some unknown person, to whom I am most grateful, wired to try Messrs. Allen and Hanburys, which I did with success.

MR. HAVELock ELLIS: PHENOMENA OF MESCAL INTOXICATION. [June 5, 1897.

Mescal buttons (the fruit of Anhalomum Linn) are eaten by the Kiowa and other Indians of New Mexico, and their use is connected with religious ceremonial. Recently the extract of the dry non-processed substance has been investigated in America by Prentiss and Morgan, and more especially by Weir Mitchell, who has published a very interesting record of the marvellous colour visions by which he was visited when under the influence of mescal. In contrast, however, with the results of any experiment in the use of mescal in the production of visual phenomena carried out on this side of the Atlantic. The phenomena are certainly of much interest—perhaps of even more importance to the physician, notwithstanding remarkable results recorded in the treatment of neurothemia, &c.—and it may therefore be worth while to record briefer my personal experience with mescal. I will refrain from describing the visions themselves, which were, perhaps, less wonderful in my case than in that of Dr. Weir Mitchell (who, as he admits, is a
On Good Friday, being entirely alone in quiet London rooms, I made an infusion of three buttons (a full dose) and took it in three portions at intervals of an hour between 2.30 and 4.30 P.M.¹ The first noteworthy result (and the only one which has any bearing on the main subject of this paper) was a headache which had been present for some hours and showed a tendency to aggravation was immediately relieved and specifically dissipated. There was slight drowsiness before the third dose was taken, but this speedily passed off and gave place to a certain consciousness of unusual energy and intellectual power, which also quickly passed off, and was marked and prolonged, as with Dr. Weir Mitchell. So far no visual phenomena had appeared, and only a slight tendency to aggravation was immediately relieved and a heightening of muscular irritability, such as may be noted when one has been without sleep for an unusual period. The third dose I was still feeling on the whole better than before I began the experiment. But at 5 P.M. I felt slightly faint, and it became difficult to concentrate my attention in reading; I lay down and the headache had become more severe, and I noticed at last some visual phenomena had yet appeared. At 6 P.M. I noticed while lying down (in which position I was able to read) that a pale violet shadow floated over the page. I had already noted that objects which were not in the direct line of vision showed a tendency to wave or pulsate, and the visual experiences under mescal are to some extent conditioned by the dilatation of the pupils, which, as the American observers had already noticed, also marked me. A remark in this connexion that violet vision has been noted after eye-operations; and Dobrowolsky⁴ has argued that a necessary condition for such vision is the dilatation of the iris, and that violet vision (chiefly violet, though to some extent of other colours) is really of the nature of an after-image due to bright light. Dobrowolsky's explanation seems to fit in accurately with my experiences under mescal. For about the same time muscular incoordination had so far advanced that it was almost impossible to manipulate a pan, and I had to write with a pencil; this also could only soon use for a few minutes at a time, and as I wrote a golden tone now lay over the paper, and the pencil seemed to write in gold, while my hand, seen in indirect vision as I wrote, was of course not really gilded. Except for slight nausea I continued to feel well, and there was no loss of mental coolness or alertness. When gazing at the visions with closed eyes I occasionally experienced slight right frontal headache, but at 8 P.M. all the subjective symptoms and headache, in Dr. Weir Mitchell's case persisted for a few hours.
a slighter degree of same phenomena are found in
neurasthenia, even the colour vision. I am convinced that
the phenomena of mescaU intoxication are thus mainly a
saturnalia of the specific senses, and chiefly an orgy
of vision. Personally, I have found the penalty of a single dose
surprisingly light, though, having learned what the experi-
ence has to teach, I have no special inclination to renew it.
But if I agree with Dr. Welt Mitchell, that there is every
likelihood that mescal will become popular. It certainly
has a great future before it with those who cultivate the
vision-breeding drugs. At the same time it is of no little
interest to the physiologist and psychologist.

Leland, Cornwall.

IMPLICATION OF THE STERNO-CLAVI-
CULAR JOINT OCCURRING DURING
THE COURSE OF GONORRHEA.

By Geo. Henry Edington, M.D. Glasc.
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A man, aged twenty-seven years, was seen by me at the
Glasgow Central Dispensary on Dec. 16th, 1896, through
the kindness of my colleague, Mr. Dryden Moffat. Three weeks
previously the man had contracted gonorrhcea. Mr. Moffat, on the discussion
had ceased at the end of a week and there was none at the
time he came to the dispensary. When the gonorrhcea had
lasted for one week he began to complain of pain in the
neighbourhood of the left shoulder. The pain shifted along
the clavicle, and finally he observed a painful swelling over the
left sterno-clavicular articulation. The surface anatomy
of the left side was normal. The skin was dusky-red and great
pain and tenderness were complained of
in the area of the articulation.

He had had gonorrhcea four years previously, but it did not
cause him much inconvenience. He had never had any sore
matism, but medicines which he took were without effect.

His condition on Dec. 16th was as
freely, the swelling was very much lessened,
and at the seat of incision was a small bud of granula-
tions. At the end of January there was still a sinus
leading backwards. On the joint of the articulation
there was some thickening of the sternum, while the end of
the clavicle was pulled upwards, apparently from soften-
ing of the ligaments. The joint was well defined in its
surface anatomy. On account of the sinuses persisting he was
sent into the Western Infirmary, where the granulations
were scraped out under chloroform by Dr. Hector Cameron.

In March of the present year (1897), when I last saw the
patient, the following note was made.—The sinuses had healed;
there was no further projectioD of the left end of the clavicle,
with some fixation of the joint and soft
grating on movement (extra articular). The patient was
feeling quite well again.

Remarks.—The case seems to me to be of sufficient interest to
warrant my publishing it, my object in so doing being to
suggest the connexion between the joint affections in
gonorrhcea and pyaemia. Unfortunately, the surroundings of
the case prevented my investigating it bacteriologically, and
thus I am unable to say what micro-organisms, if any, were
present in the joint effusion. The characters of the affected
part both before and at the operation resembled those seen
in pyaemia, added to which is the fact of the common
selection of the sterno-clavicular articulation in that con-
sidation. The fact of the clinical termination is
interesting, the exhibition of iodide being followed by very
sudden improvement, and this again by gradual progression
towards suppuration. The behaviour of the part after opera-
tion was very satisfactory, and the patient left very little
the worse for his illness. Without drawing conclusions from a
single case I have noted the following points as being of interest:—(1) Early appearance of joint complication in the
course of the disease (seventh day), associated with orchitis;
(2) acute process, affecting mostly the left side, with
extremely frequent; resulting deformity of joint; (3) response to
medicinal treatment and relapse; and (4) subsequent favourable termination of the case after operation.

Glasgow.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND
THERAPEUTICAL.

NOTE ON A CASE OF GUNSHOT WOUND PENET-
RATING THE CHEST: A PATHOGNOMONIC
SIGN OF HEMORRHAX.

By W. J. Emmett Sumpher, L.R.C.P. Lond., M.R.C.S. Eng.

Penetrating gunshot wounds of the chest are perhaps
sufficiently rare in civil practice to justify a short record of
the following case in the columns of THE LANCAST.

On April 7th, 1897, I was called to see a man who, it was
stated, had just shot himself. I found him lying on his back
and evidently much collapsed. On examination a wound was
found penetrating the chest wall just two inches above the
left nipple in the third intercostal space. The bullet had
passed out at the back in a slightly higher position, the
wound being just four inches from the spine and five inches
from the top of the scapula. The scapula was apparently
not damaged, neither were any of the ribs. The former escaped
owing to the position of the arm at the time of the
injury, as was ascertained later, the left arm having
then been raised to a right angle with the trunk and the
forearm drawn forward slightly across the chest, to give a
support to the pistol which was held in the right hand,
and the trigger pulled with the thumb. The weapon was
an old Enfield revolver, and the bullet, after penetrating
the chest, passed through a notice-board and a wooden
partition into an adjoining room, where it was found very
much flattened on the floor. The shock was very pro-
ounced, the patient being very weak and reeled, and
at times almost imperceptible. There was very little bleeding
externally. On applying a stethoscope to the chest coarse
riles were heard all over the left lung below and about
the wound, and the breath sounds were markedly deficient.
Both wounds were gently examined with the finger,
and no extraneous matter being found they were carefully