November 8th. The child had been up daily since the wound closed. The right side measured three-fourths of an inch less than the left. She was rapidly improving, and gaining in flesh and strength.

November 23rd. There was still a marked flattening of the right side. The percussion-note was good, and the respiratory murmur was heard as low down as the eighth rib anteriorly; but there were dulness and feeble breath-sound at the lower and posterior part. Her general health was good.

REMARKS.—In the above case, though carbolic lotion was used to wash out the cavity, no antiseptic spray was used at the time of operation, nor at any of the subsequent dressings. The patient is a strumous delicate child, with a bad family history; and the home surroundings were very unfavourable. The short time during which it was necessary to use the drainage-tube is also worthy of remark; the only similar instance I have noticed being recorded in the *Lancet* of December 6th, 1873, in which case it was removed on the ninth day. That case, however, had been treated antiseptically from the first. The treatment after operation consisted of quinine and tincture of iron, with a liberal diet; and, after the wound closed, of syrup of iodide of iron and cod-liver oil, with tincture of iodine externally.

Since writing the above, I have again seen the child, now eleven weeks after the operation. The area of dulness at the base of the lung is considerably less, and the respiratory murmur is more distinct. Her condition is most satisfactory, and the friends say "she never was so well in her life as she is at present".

THE MARKET HARBOROUGH FASTING GIRL.

By FREDERICK GRANT, L.R.C.P., M.R.C.S., etc.,
Market Harborough.

I SEND the following notes of this remarkable case, which has lately gone the round of the London and many of the country newspapers, as well as having been the subject of interest and curiosity to the neighbourhood for some years.

The patient, Martha White, who was the daughter of highly respectable working people in this town, had always been healthy, and was a good-looking fresh-coloured girl up to seventeen, who had menstruated pretty regularly for a year and a half. She first became ill in the early part of 1872, with symptoms of disturbed digestion, which soon subsided under treatment, when she complained of inability to swallow, which gained such ground that for a few days she took no food; but, on the stomach-pump being produced and its use threatened, she swallowed some liquid nourishment. This convinced the parents that the supposed inability arose from nervous disorder; and, no further indulgence in the idea being allowed or encouraged by them, she rapidly recovered, and returned to her work at a coffee-manufactory.

All went well till Whitsun week in 1873, when she was again ill with pain in the bowels and sickness, which were evidently principally, if not entirely, hysterical; but on this occasion moral force was futile, and all we could do was of no avail. After this had been going on for some weeks, I had the advantage of a consultation with Dr. Shaw of Leicester, who recommended the hypodermic injection of morphia and nutritive enemata, as the girl seemed sinking for want of food. At this time, she took nothing excepting butter-candy, of which she sucked nearly a pound daily. Even with this, her chosen diet, she was frequently sick.

This state of things continued until April 1874, when violent convulsions set in, the patient biting and hurting herself, and damaging the bedclothes and furniture. From this time, according to her friends, she took absolutely nothing, with the exception of one occasion, when I persuaded her to attempt to swallow a few drops of water in a teaspoon. She willingly tried; but, as soon as the food entered the pharynx, the most violent convulsions supervened, which continued throughout the day.

About the end of 1874, she became insensible and lost her sight. This continued for a year and a half, consciousness and sight returning at the same time, after a more than usually severe convulsion, which she described as excruciatingly painful. From this time, the convulsions occurred at regular intervals; namely, at 6.20, 6.50, 7.20, and 7.50 every evening, and continued in this succession until the day before her death (December 14th, 1877), when she complained of stiffness of the muscles of the face and constriction of the roof of the mouth and throat, dyspnoea increasing until she died.

At the *post mortem* examination, we found the body greatly emaciated and one mass of scars, produced by the continued injection of morphia; the legs tightly flexed on the hips, and the arms firmly crossed over the body. These required considerable force to displace

them, before we could make the necessary incisions. The stomach was very small and contracted, containing about half an ounce of dirty mucus. The oesophagus was small, but patent throughout. The bowels were natural, with slight congestion in some parts, probably *post mortem*. In the small intestine were from four to six ounces of the same material as contained in the stomach; and in the rectum a few small hard lumps of faeces, covered over with whitish mucus. The lungs were natural, as was the liver, which weighed forty-five ounces. The gall-bladder was full. The spleen weighed five ounces, and appeared healthy. The kidneys were congested, weighing three ounces and a half each. The urinary bladder was so completely atrophied as to be scarcely distinguishable, and was with great difficulty made out, even when aided by the ureter at one end and the blowpipe in the urethra at the other. The uterus was very small, and the ovaries very rudimentary. An examination of the brain and spinal cord was not permitted.

Throughout the whole of this long and troublesome case, there was no difficulty of diagnosis; for, although the disease simulated many disorders and implicated sooner or later nearly all the organs of the body, there could be no doubt that it was hysteria and nothing else. The prolonged starvation is, of course, its singular point; and I must leave to others to decide whether it is possible for a person to be kept alive for a period of three years and a half by morphia alone. To me, I confess, it seems incredible. But, although I have visited her at all times of the day and night; my assistants, my former partner, and many medical friends, have also watched and examined the case; no one has been able to detect any imposture, or to discover how food was given; and, from the contracted state of the patient's limbs, it was impossible for her to have helped herself. Nor, since the time when the mother states the last secretion passed (twelve months ago), have I been able to detect signs or smells of urine or faeces about the bed and body-linen of the patient.

The mother is one of the most energetic, straightforward, and useful women in the place, and, when unencumbered by nursing, could add largely to the family income. This has, of course, all been lost by the illness. They have steadfastly refused to let the girl be seen, except by medical men; and, with the exception of a water-bed which was procured by subscription raised independently, I believe I may safely say they have not made a single penny by the case; and of course the expense even for morphia alone, to persons in their position, has been a very serious matter.

ON THE ETIOLOGY OF AURAL EXOSTOSES: OSSEOUS TUMOUR FOLLOWING EXTRAC- TION OF POLYPUS.

By GEORGE P. FIELD, M.R.C.S., Aural Surgeon to St. Mary's Hospital; etc.

M. W., A LITTLE girl aged 3, was brought to the hospital on July 25th. Her mother stated that she had suffered from a severe attack of measles twelve months previously, and that she had since had an offensive discharge from the left ear. I had a few months since removed a polypus. About a fortnight ago, she noticed a hard substance in the ear, causing the child much uneasiness. When she came to the hospital, a small pedunculated osseous tumour about the size of a pea was discovered, almost filling up the meatus. This case well illustrates the etiology of aural exostoses, as seen by the light which modern pathology has thrown upon inflammation of bone and resulting new growths of this tissue, and which Dr. Cassells has recently very correctly described in the *BRITISH MEDICAL JOURNAL* for December 15th, 1877. This, however, is only one form of the disease. Such tumours are frequently pedunculated, and might, indeed, be removed by the wire, as he has suggested. On the other hand, there is another and far more serious form of exostosis of ivory consistency (still less frequently met with), partaking of the nature of a new growth, and quite independent of inflammatory changes. Such growths of bone in other parts of the body would be called hyperostoses, and as such I presume Dr. Cassells would class them. Their development is insidious, and they occur in apparently healthy organs. Their very existence is not suspected until the patient discovers that his hearing is rapidly failing him; while the absence of pain might lead him to regard it at first as a trivial matter. Such a case I have at present under my own care, in whom many hours of patient work with the American drill while the patient was under chloroform have been necessary to perforate the thick mass of ivory-like bone completely filling each external meatus. Indeed, had it not been for the kindness of Dr.

Arthur Mathewson of Brooklyn, New York, who sent me his pamphlet suggesting this ingenious treatment some eighteen months ago, I should have been at a loss to know how to penetrate this most dense tissue of almost adamantine consistency.

CLINICAL MEMORANDA.

PUERPERAL SCARLATINA.

IN the JOURNAL of December 29th, 1877, Mr. Haines gives an account of a case of puerperal scarlatina, in which the usual eruption and sore-throat of this exanthem were well marked. The reason of my alluding to it is that, in a remark at the conclusion, he says: "It bears out the opinion of Drs. Snow Beck, Meadows, and others, 'that scarlatina does not change and produce only malignant puerperal fever, but that it retains its specific characters in the parturient woman'." Now I think, in all discussions, it is always of paramount importance that we should have a clear idea of the points on which disagreement arises. I am not aware (though in this point I am under correction) that any one has stated that scarlatina could *only* give rise to "malignant puerperal fever". Certainly no one whose opinion was worth receiving could say so, for his experience must have frequently shown a puerperal woman suffering from scarlatina expressing itself as usual. The question, as I comprehend it, is whether the rash and sore-throat of scarlatina can be so far suppressed in the puerperal person as to be not noticeable, or scarcely so. In the case cited by Mr. Haines, if we exclude the rash and sore-throat, the symptoms are like those of puerperal fever. Now, it is by no means very rare that, in non-puerperal persons, the specific symptoms of scarlatina are absent more or less altogether; so it is argued that there is no *a priori* reason to deny the possibility of such a suppression of the specific symptoms in a puerperal person. Others seem to think that the presence of the exanthem, although not producing the specific symptoms, yet produces a general depression of the conservative forces of the body; that it renders it more exposed to the inroads of septic matter, etc. To whichever opinion we incline, or, indeed, whether we hold the concurrence to be a mere coincidence, we want narration of cases where delivery has occurred in connection with scarlatina, and the exact account of the progress to recovery, or the contrary.

The following case will show the difficulty of ascertaining the exact influence at work. The child of a multipara in her seventh month of pregnancy was scalded severely, requiring much nursing, which its mother carried out. During its recovery, the father and another child were attacked with scarlatina, from which they recovered as usual. The child was, however, then taken with typhoid fever, and was convalescent, when the mother was suddenly delivered prematurely. It had been recommended by the medical attendant that she should go into another house; but she refused, saying she was never better in her life. Before she could be persuaded, she was delivered. Within eighteen hours afterwards, violent symptoms of acute pyæmia arose, and went on to a fatal termination with a rapidity seldom exceeded; large patches of erythema occurring on her legs, but no specific symptom besides.

J. BRAXTON HICKS, M.D., F.R.S.

DIPHTHERIA.

THOSE who consider that croup is a local disease caused by exposure to cold, and that its diagnostic feature is the presence of false membranes in the larynx, which have formed upon an inflamed mucous membrane, should by this time have been able to bring forward cases in which the existence of such membranes had been verified during life or after death. Should undeniable proof be forthcoming that such membranes can exist, then let it be shown that their existence is unaccompanied by constitutional disturbance, as is stated to be the case in croup.

Without entering into the various points of clinical history which may or may not be present in diphtheria, I would suggest a method which, I think, if tried in a reasonable number of cases, would prove satisfactorily that the so-called "croup" cannot exist as a separate disease. The method I propose is that, in a case of croup, a small blister should be applied to some part of the body; for, should there be a deposit of false membrane on the raw surface of the blister, then no further proof would be wanted to show that the disease supposed to be distinct from diphtheria was one and the same disease. But, until a false membrane can be shown present in an inflamed larynx, it must, it seems to me, be granted that membranous croup is no other disease than diphtheria solely affecting the larynx; and therefore the

term "croup" had better be used only in its proper signification, viz., a symptom peculiar to some laryngeal diseases.

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THERAPEUTIC MEMORANDA.

JABORANDI AND ITS ALKALOID PILOCARPINE IN HYDROPHOBIA.

IN the BRITISH MEDICAL JOURNAL of January 26th, there is an interesting therapeutic memorandum, by Dr. Louis Henry of Manchester, on pilocarpine, the alkaloid or the active principle of jaborandi, which, he says, was discovered by Merck, and named *pilocarpium muraticum*. Dr. Henry observes that this would be a more elegant and effective way of introducing the more active properties of jaborandi into the system than that proposed by me. He seems to have overlooked the following observation, which occurs towards the end of my communication in your issue of the 5th instant, suggesting jaborandi as a remedy in hydrophobia, viz.: "If the active principle could be obtained, it would be much more easily managed in the form of a concentrated solution for hypodermic injection." I was not then aware that the active alkaloid of jaborandi had been separated. Since then, however, I have had information from two separate sources on the subject. Mr. Gerrard of University College Hospital writes to inform me that he discovered the active principle of jaborandi in 1875, of which he has kindly sent me a specimen in the form of a nitrate of the alkaloid. This, he tells me, can be obtained either from Messrs. Morson and Co. of Southampton Row, or Messrs. Hopkin and Williams of Hatton Garden. Messrs. Savory and Moore also inform me that they have prepared discs of pilocarpine for hypodermic use; and, from the well-known reliability of their preparations in this form, I think nothing can be more convenient and trustworthy for use. The physiological analogies of rabies and hydrophobia point so strongly to jaborandi or its alkaloid pilocarpine as its antidote and remedy, that I again urge most strongly that it should be speedily put to the test. The patient cannot possibly have either his sufferings increased by the experiment, or his chances of recovery diminished, as no remedy or treatment yet employed has either gone far to alleviate, much less to cure, the symptoms of this terrible malady. The more reason, then, for extending our search, especially in the direction that apparently presents physiological indications for selection.

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EXTERNAL USE OF TINCTURE OF BELLADONNA IN NIGHT-SWEATING.

FOR some little time past, I have employed the common pharmacopœial tincture of belladonna for sponging the body in cases of phthisical and excessive sweating, and invariably with marked benefit. So far as my experience goes, I have found it very much better than anything else; if applied before a sweating comes on, it prevents it; if during the sweating, it almost immediately controls it. Two teaspoonfuls of the tincture mixed with an equal quantity of whiskey are quite sufficient (applied with the hand) to cover the whole body and produce the desired effect. I have adopted this method of treatment in my last cases of scarlet fever, which have all done well; but they have not been numerous enough to justify any definite opinion of the value of belladonna applied in this manner.

J. STUART NAIRNE, Surgeon, Glasgow.

TREATMENT OF DELIRIUM TREMENS.

MY attention has been arrested by an account of the treatment of a case of delirium tremens in its early stage, reported on page 127 of the JOURNAL of January 26th. It is, I believe, a generally accepted fact that opiates in delirium tremens do more harm than good, except occasionally in very protracted cases; and even then, only the amount of a full dose should be given in the twenty-four hours.

In chloral-hydrate and capsicum, we have two powerful remedies. The latter I have used for more than twelve years with unvarying success; it has never failed, no matter how violent the patient may have been, and I have had a man under treatment who required six strong men to hold him in bed. After four doses of the capsicum (thirty grains every hour in bolus), he fell into a calm sleep, and awoke a rational being. This was an extreme case, but milder cases simply require smaller doses of the capsicum.

C. S. WILLS, Surgeon-Major, A.M.D., Chester.