purulent discharge, were present in these situations: and the eyes were nearly closed by discharge and swelling. Both buttocks, thighs, and legs were also affected; and there were a few patches on the trunk. The discharge was free, but not purulent in these parts. The following treatment was employed. The hair was cut off, and the parts soaked in olive-oil all night to soften the crusts, which were then bathed off with warm water. On May 8th, the oleate of zinc ointment, made with lard, was spread upon linen rags and applied closely by means of a bandage; the parts were kept constantly moist with the ointment; new crusts were removed as fast as they formed; and every day all the old ointment was wiped off before fresh was put on. A drachm and a half of "Parrish's food" and a drachm of cod-liver oil twice a day were also ordered.

May 13th. Great improvement was manifested. The discharge and scabbing were much less. He continued to improve; and on May 27th it was noted that the face, scalp, and neck were now almost clean, with only slight discharge; while the buttocks and legs were quite dry. On June 2nd, there was no discharge anywhere, and only patches of diseased surface were left, with thin dry scales; and thymol (five grains to the ounce of ointment) was then added. On June 13th, he was discharged well, with no trace of eczema anywhere, and the general health much improved.

CASE II.—A boy aged 10 had chronic eczema on the thighs and legs for two years. The medical man who sent him wrote: "He has been to all the surgeons in the neighbourhood, and no one appears to do him any good." He was admitted on May 23rd. Similar treatment to that of the first case was employed, and he also was discharged cured on June 13th.

In addition to the above, I have treated more than twenty out-patients during the last six weeks with this remedy. Six have been quite cured, and the rest are still under treatment; but all are improving—some very rapidly—in spite of the disadvantages attending out-patient treatment, owing to imperfect removal of crusts, the intermittent application of the dressings, etc.

The oleate of zinc ointment is a remedy of the same class as Hebra's unguentum diachyli; and, while beneficial in all forms of eczema, its most striking effects are seen in the discharging stage, and, so far as my experience has gone, it never seems to do harm in any case, as happens when stimulating remedies are injudiciously applied.

Since writing the above, three months ago, I have treated a large number of cases with this remedy, with most satisfactory results, so that I can with confidence recommend it as one of the most useful preparations for eczema that we possess.

HYSTERO-EPILEPSY.

By C. H. ROBINSON, F.R.C.S.I.,

Lecturer on Surgical and Descriptive Anatomy, Ledwich School of Medicine, etc.

THE attention recently directed to this obscure nervous affection may perhaps cause the following brief account to be of some slight interest to the readers of the JOURNAL.

On the 1st of last March, I was sent for, about 5 o'clock A.M., to see Mrs. B., who had been attacked with convulsions at half-past two o'clock the same morning. At three o'clock, another attack came on; also at half-past four, a quarter to six, a quarter past six, and seven o'clock. At each of these periods, she had an epileptic paroxysm, more violent before I saw her, in one of which she got out of bed, and was rushing down-stairs, when, fortunately, she was brought back, narrowly escaping injury. There was nothing particular about these fits, save that the right side of the face was principally convulsed, the head being bent towards that side; she tossed about her arms violently, and had to be restrained from doing herself an injury. In the intervals between the fits, the breathing was stertorous; the face, during the paroxysms, being livid and distorted; and some frothing from the mouth occurred. The pupils were dilated, and the pulse, which was 110 per minute immediately after a paroxysm, in a short time fell as low as 84; the axillary temperature being about normal during the intervals; and the skin, although the movements were tolerably violent, was not hot or perspiring.

From the commencement, she remained perfectly unconscious, and, swallowing being impossible, I administered a scruple and a half of chloral-hydrate by the rectum, and applied blistering fluid to the nape of the neck. After this, there was no return of the convulsions, and my patient slept heavily until eleven o'clock, or for a period of four hours, when she awoke perfectly collected, but ignorant of all that had occurred. Towards evening, she very naturally complained of feeling bruised all over, as if she had been severely beaten.

On the 4th instant, she came down-stairs; and on my calling to see her, she became greatly excited, weeping violently for several minutes, without any apparent reason. A draught containing castor-oil was prescribed, as the bowels had not been moved for five days; and, in a short time, she was in her usual health.

In June of last year, I attended this lady for an epileptic attack somewhat similar, but the convulsions were more marked, lasted much longer, and extended to the entire body. This attack also came on in the night; and she was so violent, that it was as much as her husband, a very muscular man, could prevent her injuring herself or him. She tried to beat her head against the wall, tore and bit at his hands, and her countenance during the paroxysms was the most fearful I ever looked upon, the fiendish malignity of her appearance being terrifying in the extreme.

For some weeks previously to the first attack, she suffered occasionally from inability to articulate, especially when she met friends in the street; she stated that on these occasions she knew what she wanted to say, but was unable to express herself. She has always been highly hysterical, and possesses a very hasty excitable temper, bursting into tears on the slightest or no provocation; and for some time has been in a morbid apathetic condition, being firmly impressed with the idea that she would be eternally lost.

Last year, I treated her with tolerable large doses of bromide of potassium, combined with chloral-hydrate, and may confess that I then looked upon her case as a very serious one; believing, from the religious excitement under which she was labouring, that she would ultimately become insane. After a few weeks of this treatment, she became very obstinate, and refused to allow medicine of any kind to be administered, with the exception of a purgative pill occasionally, as her bowels were naturally costive.

Although Mrs. B. is forty-eight years of age, menstruation still continues, probably owing to that process having commenced later than it usually does, viz., in her eighteenth year. She is always more excitable a couple of days before the menstrual period, the flow being very scanty and rather painful.

From Professor Charcot's description of hystero-epilepsy, it appears to me that this was that variety where the epilepsy is superadded to hysteria; and that it was not an example of true epilepsy is evident from the hysterical temperament, the convulsions recurring at short intervals, the total insensibility for several hours, the low temperature, and the mental functions not being in any way impaired. The temperature, which was about normal, was not taken during the convulsions, but immediately afterwards; and, according to Professor Charcot, is a very important diagnostic sign between hystero-epilepsy and true epilepsy, as in the latter the temperature may be as high as 107.6 deg., while in the hystero-epileptic it rarely rises to 100 deg.

POISONING BY BREAD-PUDDING.

By ALFRED H. ALLEN, F.C.S.,

Vice-President of the Society of Public Analysts; Lecturer on Chemistry at the Sheffield School of Medicine; etc.

THE following is the history of a somewhat curious case of poisoning at Barnsley by eating bread-pudding.

At a cheap eating house, kept by a Mr. Thresh, the cook made two bread-puddings from the scraps of bread left from making toast, sandwiches, etc. These scraps had been accumulating some weeks, and, when I visited the place in company with Mr. Superintendent Sykes, similar scraps were shown us which were in a very mouldy condition, and mixed with bits of ham, butter, etc. The puddings were made of the above-described scraps of bread, with the addition of milk, eggs, sugar, currants, and nutmeg. That was all. The two puddings were baked in separate ovens. The larger pudding (called No. 1 in the evidence) was placed in a notoriously slow oven, and subsequently eaten by the cook who made it, the proprietor of the eating house, the waiter, and a customer. The remainder of the same pudding was sent home for the children of Thresh. Every one who ate of that pudding was violently ill with symptoms of irritant poisoning. One person only ate of the other pudding (No. 2), and she did not take much, and was not affected. Thresh's youngest child, aged 3, and Mason, the waiter, ultimately died; the latter lingering a week. He was given to drinking, and was frequently purged ten or twelve times in an afternoon. Hence, at first, his symptoms caused no astonishment. None of the poisoned persons had bloody motions.

The *post mortem* examination of the child causing the medical man to suspect poisoning, the viscera were sent to me, together with the remains of both puddings, the materials used in making them, and

sundry vomits and motions. I made a most exhaustive examination for poison, looking (in accordance with the suggestion of the jury) for unlikely as well as likely things; the result was wholly negative. I also fed a puppy six weeks old on the poisonous pudding for two whole days without the least appearance of any poisonous effect. A similar experiment, with like negative result, was made by feeding a mouse on oatmeal mixed with the alcoholic extract of the pudding. I also tasted the alcoholic extract myself. It was entirely free from bitterness.

From a suggestion made to me in a letter by Dr. Tidy, I was led to look for ergot in the pudding, and was startled to find that, both the pudding and the alcoholic extract, but especially the former, gave an unmistakable odour of herrings on treatment with soda, and that the alkaline mixture gradually became, even in the cold, of a brilliant lake-red colour. The tint was redder than that obtained when actual ergotised pudding was tested in the same way for comparison, and the colour was very permanent. A bread pudding made of pure materials failed to give either of the above reactions, nor did portions of the poisonous pudding, which were visibly mouldy, respond to either of the foregoing tests. I have since succeeded in growing the substance giving the reactions of ergot, by soaking a slice of bread in sugar and milk, and spreading the pudding at one end of it. In forty-eight hours, the lake-red reaction with soda was obtainable, with portions of the bread several inches removed from the pudding: a longer time the lake-red reaction with soda was obtainable from all parts of the slice. The bread thus inoculated produced violent purging on a mouse which was fed with it. Under the microscope, No 1 pudding shewed various structures, which might be a poisonous fungus; but I was not able to detect any actual ergot, nor had the bread any violet tinge. I was not able to detect ergot in the flour said to be used for making the bread supplied to Thresh's eating house, and the rye-meal of the same baker contained only a doubtful trace of ergot.

From the fact that ergot itself was not recognisable in the flour or pudding, but that the latter contained a substance giving the reactions of ergot, and capable of propagation, it seems to me clear that the reactions hitherto supposed to be peculiar to ergot are common to other poisonous fungi. It seems possible that dangerous moulds may contain a common principle. I may say that the poisonous pudding had no sign of crust on it, but was "sloppy" and of the consistency of bread and milk. The lumps of bread in it were distinguishable, and the starch granules were in many cases unaltered: a clear proof that it was very imperfectly cooked.

The verdict of the jury was, that the deceased persons "died from eating unwholesome pudding, but how, or by what means, such pudding became unwholesome, there is not sufficient evidence to show". Some of the jury could not understand that a "mould", invisible to ordinary observation, might be poisonous, and the cook did not notice any mould on the bread of which she made the pudding. I may add, that there has been no suspicion of malice on the part of any one, and that even Thresh himself does not suspect a trick, but attributes the disaster to the effects of "sour food".

The case appears to be of interest in several respects, especially as the circumstances were such as to allow an unusually exhaustive examination for poisons to be made. It adds another to the somewhat small number of cases of poisoning traced to mouldy bread.

THE INDIA-RUBBER BANDAGE FOR ULCERS AND OTHER DISEASES OF THE LEGS.

By HENRY A. MARTIN, M.D., Boston, U.S.A.

I HAVE just read, in the BRITISH MEDICAL JOURNAL for August 24th, a paragraph or two to the effect that Mr. Hutchinson (London) exhibited, at the late meeting of the British Medical Association at Bath, an India-rubber bandage, with the statement that it was one of those recommended by myself in the treatment of old ulcers of the leg. He also gave some brief, but somewhat erroneous, details of the way in which I directed the bandage to be employed. Mr. Solomon (Birmingham) is recorded to have said that this bandage is "only a very slight modification of the domett bandage used by colliery surgeons in the treatment of chronic ulcers".

I am extremely anxious that my method of treating, not only old ulcers, but all ulcers, and particularly varicose ulcers, of the leg, and not only these, but many other diseased and impaired conditions, especially of the lower extremities, by the use of strong and perfectly elastic bandages of "pure rubber", should be fully and accurately presented to the notice of the profession of Europe, and I shall feel much gratified if such a fair and correct presentation can be made in the BRITISH MEDICAL JOURNAL. I have practised this method for very

nearly twenty-five years: at first for ulcers and eczema of the legs only, but subsequently its admirable applicability to other cases has been ascertained. During all this long series of years, I have thus treated a very large aggregate of cases; have thoroughly learned the really marvellous rapidity, thoroughness, and solidity with which cures are thus accomplished of cases and classes of cases which largely yielded under other methods more or less complete *approbria* of surgery. All that I have written on this subject, however exaggerated and over-confident it may appear, is the result of almost innumerable observations. Not one word has been published which has not been most fully verified in my own experience, or which cannot be easily and certainly confirmed by the observation of those who choose to take the perhaps unusual but certainly judicious course of fully and fairly testing a perfectly safe and simple method previously to uttering critical judgment upon it. Although so long practising the method of treatment by the "pure rubber" bandage, and freely communicating my experience in conversation with my friends, I never made a wider announcement till at the meeting of the American Medical Association at Chicago in June 1877. I then made somewhat extended extemporaneous remarks on the subject, which, by the vote of my hearers, were subsequently included in a paper published in the volume of *Transactions* of the Association for 1877.* In accordance with very numerous and urgent requests, I also published a paper in the *Chicago Medical Journal and Examiner* for November 1877. These two publications made the method very generally known throughout this country. I learned that an innovation in practice which claimed so much, announced by one so far from eminent as myself, might meet with but scant notice; but in this I was most agreeably disappointed. I have, in person and by letter, received the thanks of hundreds of American practitioners, and their assurance that the results in their hands of the practice I advocated had fully confirmed all and much more than all that I had asserted.†

As the publications to which I have alluded are probably not readily or at all accessible in England, I think it proper to briefly state, for the information of English surgeons, the manner in which I apply the pure India-rubber bandage for the cure of ulcers and eczema of the legs. Before doing this, I would simply enumerate the other cases in which I have in actual practice found the bandage to be of unequalled value.

1. Certain diseases and injuries, and results of disease and injury of joints, particularly of the knee and ankle. Among these, I would especially mention synovitis, both acute and chronic. In acute cases, even where effusion is considerable, by the bandage alone; in chronic cases, even with slight effusion, after aspiration; the bandage to be worn continuously day and night for a sufficient length of time. Also in every variety, recent or of long standing, of "sprain", and the very numerous cases of weakness, relaxation, and pain on exertion of the knee and ankle; and also in much less frequent instances of the elbow, wrist, and great toe-joints.

2. In diseases of the bursæ mucosæ, particularly in the disease called "housemaid's knee", after perfect aspiration. I have treated seven of these cases, and one of great effusion and consequent enlargement of the bursa patellæ, with perfect and immediate success.

* I have sent a few copies of this paper to Mr. Henry Kimpton, my bookseller in London (82, High Holborn), that he may be able to supply a few possible applicants for a copy. Some copies were also sent to a firm of London surgical instrument-makers (name forgotten) for gratuitous distribution. If it were not for the very limited number of copies printed in a pamphlet form, I would send to England a larger number of copies, and simply refer to the pamphlet, rather than write this lengthy paper; but the edition is very nearly exhausted, and the only way open to me to reach the English profession is in the pages of a medical journal.

† As an illustration of this, I may state that at the meeting of the American Medical Association at Buffalo last year, over thirty leading practitioners from different parts of this country sought me out to thank me for the communication I had made at the previous annual meeting, and to report from three to over forty cases, principally of old ulcer and eczema of the legs, treated *ad interim* with the most gratifying and complete success. The gentleman who reported over forty cases was Dr. Gunn of Chicago, Professor of Surgery in the Rush Medical College. The cases were treated mostly in his surgical clinique, and were for the most part cases which had, off and on, been under treatment for several years; "and now," said the doctor, "they are all well, perfectly and solidly well, and all through the means of your bandage". I add here the concluding lines of a notice of my method from a Report on the Progress of Surgery made by Professor Gunn to the State Society of Illinois this year. "Your reporter has verified all that Dr. Martin claims for his bandage in old ulcers, and to a moderate extent, in recent injuries, and he hesitates not to pronounce the method one of the most valuable contributions to surgery of modern times." Dr. Bulkeley has contributed to the July number of *The Archives of Dermatology and Syphilography* a long and very important article confirming all that I have claimed and illustrated by very numerous cases of old and obstinate ulcers and eczema, treated with uniform and very rapid success by the mere rubber bandage. Dr. Bulkeley's article is of particular value as demonstrative of the great success obtained in the treatment of chronic eczema. In fact, although I had in my papers referred to the value of the bandage in cutaneous disease, and was quite familiar with its great utility in eczema, Dr. Bulkeley was the first to call the attention of the profession in a more specific and detailed manner. I close this note with an amusing postscript to a letter just received from an Iowa correspondent. "P.S. I have one objection to your method of treating ulcers. I used to make from twenty-five to sixty dollars by strapping; now I don't: perhaps it pays in the long run, however.—T. B."