The tenth and last case which I shall bring forward is that alluded to at the commencement of this paper; viz., simulated lupoid ulceration of the face. This young lady, a Miss —, about 27 or 28 years of age, residing in the suburbs, has been my patient, on and off, for two years, and has baffled all my efforts to obtain a cure. Sometimes, after the simplest dressings, the sores will heal and remain sound for a week or two; at other times the more powerful caustics—the acid nitrate of mercury, for example—have been required to induce the healing process. The patient confesses that, in most instances, she gives rise to those sores by picking the affected parts. She states “that a small lump is felt beneath the skin, which she must have out, as the itching is quite intolerable.” A sore forms in these places, and leaves a more or less unsightly scar, which it takes some weeks to heal, only to be followed by other picking, ulcers, and unsightly scars, which I have no doubt have been continued and maintained by some expedient the fertile imagination of Miss — has suggested. This young lady has for years been suffering from hæmorrhoids in an aggravated form; she also is afflicted with profuse leucorrhœa. I have attended to these symptoms as the probable cause of the facial complaint. The acid nitrate of mercury has been freely applied to the piles, and potent chloride of zinc injections for the leucorrhœa; but, although both these ailments have been mitigated, if not cured, by these means, yet no change in the facial ulceration can be traced to their disappearance. One extraordinary fact, however, has lately come to my knowledge; viz., that during my prolonged and painful sufferings from stone and its consequences, including lithotrity and lithotomy, Miss —’s face has continued healed; but, since my return to my avocations, the old malady has again manifested itself in as obstinate a form as ever—hence I have included the case amongst those cited of feigned or hysterical diseases of the skin.

I am aware that in systems of medicine and in books on female diseases, hysterical imitative disorders find a conspicuous place. A collection of such instances was introduced by my friend Dr. W. O. Priestley, in some introductory lectures on the diseases of women and children, delivered at the Middlesex Hospital, which he kindly forwarded to me; but, with the exception of one case communicated to Dr. Priestley by Mr. Page of Carlisle, of an unhealthy ulcer on the upper part of the arm closely resembling number five of this series, I am not aware that amongst the various feignings of hysteria, “hysterical diseases of the skin” have hitherto found a place. The ample experience of the Blackfriars Skin Hospital, extending to nearly thirty years, has however convinced me that such cases do and will exist, and ought not, therefore, to be ignored.

ALBUMINURIA WITH CONVULSIONS.

By WM. DOBIE, L.R.C.P., and J. RAMSAY, M.D., M.C.

WE were called late on the night of the 7th inst., to see Mrs. B., aged 39, between six and seven months advanced in her eleventh pregnancy. Her feet and legs were swollen, and she complained of severe headache, especially on the right side. She felt sure that it was an attack of neuralgia, from which she had frequently suffered. An anodyne lotion was sent, and a diaphoretic mixture, containing scruple doses of bromide of potassium. The headache was not, however, relieved; and, the following morning, convulsions set in, and continued to occur with more or less frequency and severity during the whole of the day. The urine was scanty and densely albuminous. As there was great likelihood of the patient passing into a state of coma and a fatal result following, and as there was no evidence of uterine action having begun, we determined to induce premature labour by puncturing the membranes, as the surest, and therefore the safest, plan. This was accomplished without difficulty about one on the morning of the 9th inst. The patient was meanwhile put under the influence of chloroform, which notably kept the convulsions in check. A great quantity of liquor amnii escaped, after which the chloroform was withdrawn. The fits then diminished in force and frequency—only three occurred subsequently—and ultimately ceased five hours after the escape of “the waters”. Labour set in twenty-two hours after the operation, and was completed in nine hours and a half. The child was dead. No further convulsions took place, and no interference was necessary. The patient was conscious during the greater part of her labour. She made an excellent recovery. Only a trace of albumen remained three days after her confinement.

REMARKS.—The notable diminution and ultimate cessation of the convulsions, so soon after the evacuation of the waters, is worthy of notice, as seeming to afford evidence in favour of the mechanical explanation of such cases. By reducing the bulk of the uterus, the pressure upon the venous trunks would be diminished or removed. This would relieve the congestion of the kidneys, and thereby allow them to resume their excretory functions.

A CONTINUANCE OF THE CASE OF THE WELSH FASTING GIRL:

WITH AN ACCOUNT OF THE POST MORTEM APPEARANCES.

By THOMAS LEWIS, M.D., Carmarthen.

IN the number of the BRITISH MEDICAL JOURNAL for the 24th of last April, the history of Sarah Jacob was commenced and brought down to the 7th of that month. Various accounts of her state between that time and December 9th have appeared in print; but the principal one has been by Dr. Fowler, and is well known. I here propose to continue her history as it came under my own observation from the 9th December to its close. I intentionally abstain from making any condemnatory remarks.

On December 9th I visited Sarah Jacob a second time, in company with the members of the watching committee, and found that she had been kept in the same room and same bed as she occupied at my former visit. No change in the room was observed, except that a piece of flax-matting had been laid on the floor near her bed. The little girl to-day looked very cheerful and pleased. She had grown in her face. Her complexion was clear; her cheeks ruddy. Her countenance was very sweet. Her head was encircled with a garland of many colours, and a narrow streamer of yellow ribbon flowed down each side of her face. She was lying high up in the bed, well covered with a woollen counterpane and one blanket—which was all the bed-clothes she required—with a jar of hot water to her feet.

Since last report (April 9th), her parents stated that Sarah had not taken any food: only two or three drops of water had been applied to her lips when she had asked for it, at long intervals. They also said that she had not passed any urine since last March; neither had there been any motion from the bowels. She had remained in the same state as previously described, except that she did not pass so readily into the unconscious state as she used to do.

On December 9th, a second attempt at watching Sarah Jacob, by request of herself and parents, commenced. An intelligent sister and three nurses sent from Guy's Hospital, London, this day, at 3 P.M., took charge of the girl, for the purpose of inquiring whether she took any food or drink. The nurses, before entering on the task of watching, examined the room, the floor, the walls, and all the furniture. Some things were removed out of the room; all the drawers and cupboards were emptied, and the keys given to the sister. The adjoining bed was entirely removed, all but the wood-work. The child's bed and bedding were examined; also her night-dress and coverings, and her long hair. She was lifted out of her own bed by two of the nurses and removed to the adjoining one for this purpose. After this thorough searching and the remaking of her own bed, she was carried by one of the nurses on her arms as an infant and replaced in her bed. The two coverings mentioned having been thrown over her, the watching commenced. While the room was searched and the girl examined, a large number of the committee was present, five being medical gentlemen.

Some time before, the house became filled with visitors. At 1 P.M., Mr. Davies, surgeon, of Llandysil, took the girl's pulse, which was 86 per minute on an average. The temperature in the mouth, between the gums and cheek, after two minutes' rest, was 98 deg. The cheeks were flushed. While being removed from her bed to the adjoining one, she fell into what the parents called a fit, but which, apparently, was a temporary closing of the eyelids; there was no change of colour nor any muscular contractions. It was arranged that one of the nurses should sit on the right and one on the left side of the bed, a short distance from it, during the watching. The medical members of the committee were to visit the girl in turns. The daily report of the nurses has been already given in the JOURNAL for December 25th (page 687). I will not repeat it; but will transcribe from my case-book the account of my visit to the girl. On Wednesday, December 15th—the sixth day of the watching—I found her, at 3 P.M., much the same in appearance; the voice a little more feeble; pulse 120, variable, sometimes more frequent. The right hand at first felt cold; but, after being covered with a shawl, it became quite warm. The face was not so flushed as on the 9th instant; still there was a dusky redness of the cheeks and nose. She stated that she felt pretty well; she had no pain. She had never asked for any description of food or drink, but she had asked to scent a little eau de Cologne, which the sister had brought with her, on her handkerchief. She conversed pleasantly with me, and asked when I was coming up again to visit her. With the exception of the quick pulse, there was no alarming symptom about the girl at 3 P.M. on this the sixth day of the watching. The sister in charge showed no anxiety about her. She told me that Sarah had passed urine every day since Saturday—not in great quantity—until Monday, the fourth day, when

she passed about one pint. This the sister and nurse both affirmed, judging from the wet condition of the body clothes and feather-bed. I was further informed that the girl had a slight faint yesterday, in consequence of the fall of the hot-water jar from the bed. She was soon brought to by the sister applying eau de Cologne to her forehead and temples. On this day I did not observe any alarm on the part of the parents; nor, from what I had myself observed, or learned from the sister, did I anticipate immediate danger to life. It was on the evening of this day that the serious symptoms showed themselves.

On Thursday, the 16th December, and the seventh day of the watching, Mr. Davies of Llandysil telegraphed to me, at 2.5 P.M., to come with one or more of the medical members to Llethemonadd, as Sarah showed symptoms of sinking, and a consultation was necessary at once. On receipt of this telegram, Mr. Hughes and myself immediately set off for the place. We arrived there about 4.10 P.M. We learnt from the nurses in attendance that Sarah had passed a very restless night; that she moved her arms a good deal—even her left arm, which for so long a time had been kept unmoved under the bed-clothes; that this morning she had looked pale, and the pulse had become exceedingly frequent. In the course of the early morning (3 A.M.), Sarah wished to leave her bed made. She was accordingly removed to the iron-bedstead. After a thorough shaking of her bed, she was restored to it; she, however, slept only a few minutes at a time. She had passed no urine since the previous day. Mr. Hughes and myself having felt the pulse, I found it above 120, and so variable in strength that I could not count it accurately. Mr. Hughes said it was 160; and, having heard the statement of the nurses, we determined to speak to the father. We went with him outside the house and informed him that the nurses thought Sarah was threatening to sink, and that, from the quickness of the pulse, there was danger. We asked him if he wished the watching to be given over, and if some food should be offered to her. He said, in reply, that he wished the nurses to continue the watching, and he would on no account offer her anything, as he had made a vow about two years ago that he would not offer Sarah any food until she asked for it, as on a particular occasion, at that time, she fainted when he asked her; and he had seen his daughter as weak many times before. After this conversation, Mr. Hughes left the house to return to Carmarthen, where he had duties to perform as coroner that evening. I, however, remained for a couple of hours, wishing to meet Mr. Davies, who had summoned the medical consultation. I returned to the bedside of the girl and sat there some time. At this period, excepting the very quick pulse, there was nothing alarming in the appearance which she presented. Her face looked more natural than on the previous day; the livid redness of her nose and the excessive flush of her cheeks had disappeared. The general colour of her face was clear and natural, with only slight colour in her cheeks. The eyes were natural; the pupils of medium size; the colour of the lips was quite natural. The right hand was outside the bed-clothes, and was rather cool. The excessive rate of the pulse did not awaken in my mind so much alarm as in that of Mr. Hughes, in consequence of the absence of the other usual symptoms of sinking (I am speaking of 5 P.M. on Thursday). There was no clamminess of the skin, no delirium, no disturbance of the intellect. She conversed with me, with an occasional smile, about her photograph and one of her ornaments. On being asked how she was, she said she was as usual, and did not want anything. A hot-water stone-jar was constantly kept at her feet. In consequence of the clearly expressed wish of the father, the watching was continued; and the nurses were directed to give food if the girl desired it, this being an understood condition throughout the whole time. It may be here said, as illustrating the anxious feeling of an uncle of the girl, that, in the course of the Thursday afternoon, he, during the absence of the parents, asked her if she would have any food. On his so doing, she threw her head back and closed her eyes: from this he believed she did not wish for any. The parents, on afterwards hearing of this offer, were very enraged. I left the house about 6 P.M. on Thursday, and did not see her again alive. Soon after my departure with Mr. Davies, she became restless.

The subsequent account of her case I have compiled from the evidence of the sister and nurse Jones. They went on duty at 10 P.M. (Thursday). She was throwing her arms and legs about very much; she was not two minutes still during the night. She frequently called for her father, and he came backwards and forwards. As soon as he came into the room, she said, "Run out and shut the door." She was delirious then. "I thought at that time she was dying then," said nurse Jones. She called for her mother once. This last night of her life, both parents were often in the room. A younger sister of Sarah's was placed in bed with her for warmth; and warm flannels were applied to her limbs. She continued in the same state of distress until about 10 A.M. on Friday, the 17th; she then became unconscious,

and died about 3.5 P.M. There was no disposition on the part of the parents to offer any sustenance to their daughter to the last. Seeing that Sarah's lips were parched this last morning, a female relative wetted the end of a pocket-handkerchief and applied it to her lips: this was the only attempt of the kind made during the whole of the watching. During the whole time the girl never asked for food or drink.

Having thus endeavoured to give an impartial account of the eight days' watching of our heroic, if erring, countrywoman, I must refer those who desire further details, to the reports of the two sittings of the coroner, published in the *Cambrian Daily Leader* for Friday, December 24th.

By the courtesy of the two surgeons appointed by the coroner to make the *post mortem* examination of Sarah Jacob's body, I was enabled to be present.

Monday December 30th, 3 P.M.: *Post mortem* examination, seventy-two hours after death.—*Exterior*.—The length of the corpse was four feet five inches and a half; the face was tolerably plump; the eyeballs very sunken; the eyelids closed; there was some little colour in the cheeks; a small portion of yellowish fluid had escaped from the nostrils on the upper lip. The chest was broad but flat; the abdomen was a little distended about the umbilicus and the hypogastric region; the pubes showed incipient puberty by capillary growth; the nates were large, and tapered into the upper half of the thighs in the usual feminine proportions; the knees and legs were slender; the upper extremities were of moderate size and proportion; the hands were long and delicately formed; the nails were short, of livid colour; some capillary growth in the axilla; the posterior aspect of the body was slightly livid from venous gravitation, but there was no emaciation, no appearance of bed-sores ever having existed. On making the incision through the integuments from the larynx to the pubes, a considerable layer of subcutaneous fat was cut through; below the umbilicus it was an inch in thickness, and above it, half an inch; there was some greenish discolouration about the lower third of the abdominal region; all the surface elsewhere in front was as usual.—*Head*. The scalp was covered with abundant, long, very dark hair. The calvarium having been removed, venous congestion was seen through the dura mater. On removing this covering, the superficial vessels, lying on the convolutions and dipping down into the longitudinal fissure between the hemispheres, were seen to be distended with blood. No lymph was seen. The arachnoid parted freely from the cortical surface. On slicing off the upper half of the cerebral hemispheres, the cortical and medullary substances were seen to present very numerous points of oozing blood; the entire condition was the reverse of anæmic. The corpora striata and optic thalami were firm and normal. The choroid plexus was of a good red colour. No fluid was found in the ventricles. The whole cerebrum and cerebellum were of normal consistence. On turning out the base of the brain and cerebellum, the same vascular congestion was seen as that observed on the upper part. The substance of the cerebellum showed the same vascular fullness. No other morbid condition of the encephalon was found.—*Thorax*. The ribs were very flexible and slender. On cutting through the cartilages and lifting the sternum, the subjacent parts looked natural. *Both Lungs* were perfectly healthy, without a trace of tubercular deposit, nor of pleural adhesions; the lungs were collapsed and dry, of rather bright red outward appearance. They were in all parts free from serous infiltration or condensation.—*The Heart* was of moderate size. A quantity of adipose tissue surrounded the base of the ventricles. The auricles contained about a tablespoonful of dark clotted venous blood. The ventricles were empty, and their walls flaccid. The valves were all healthy.—*Abdomen*. After laying open this cavity, the omentum was seen, transparent with lines of adipose tissue running through it, covering the small intestines. The entire length of the colon was distended, and encircled the cavity just brought into view. The *Liver* was of natural size, in colour a chocolate brown, not pale. The gall-bladder was distended with dark green bile, about six drachms in quantity. There were no adhesions around the liver; nor fluid in any part of the peritoneal cavity. The stomach and whole tract of the intestines were removed together from the body. The *Stomach* was not contracted, but flaccid. As the stomach was not seen until it was removed from the body, we must infer that gas escaped from it during removal; if it had been distended it would have held from ten to twelve ounces of fluid. It was cut open from the splenic to the pyloric end, along the lesser curvature. It contained only an olive-green mucous fluid, about a tablespoonful in quantity, spread over the lining membrane; this fluid was slightly acid, as it turned litmus paper faintly pink. The coats of the stomach were very thin, but not destroyed by the gastric juice. The cardiac orifice was free, as also the pyloric. No stricture existed anywhere. The *Duodenum* was of full size, and distended with gas; it contained a similar fluid to that found in the stomach, in small quantity. The *Jejunum* was distended with gas, and it was of the usual calibre. While opening this

part of the intestine, five lumbrici were turned out. They were not of full length nor size. Nothing else was found here. The mucous lining of the *Ileum*, near the commencement, was covered with a chocolate coloured grumous fluid, to the extent of about sixteen inches; this was supposed to be an exhalation of blood. The remaining portion presented nothing unusual, excepting that a full sized lumbricus was found about twenty inches from the termination in the cæcum. The *Cæcum* was large, and inflated with gas. Nothing unusual was observed; it was empty. The entire length of the *Colon* was largely distended with air. At different parts of the transverse and descending colon, a large quantity of hardened feces was found, enough to fill a breakfast cup. We thought it would weigh about eight ounces. Nothing further was found in the colon or rectum. The passage of the anus was perfectly free, as tested by the finger. During the dissection, the *Æsophagus* was lost sight of, but a portion attached to the lower part of the trachea was examined, *i.e.*, about two inches. It was quite natural; on being cut open, it looked healthy and was of normal calibre, readily distensible. The finger was passed through from the mouth, and felt under the chin after the removal of the trachea. The *Tongue* looked pale, covered with a slight slimy secretion. The *Teeth* were white and perfect, rather small. There was no contraction found anywhere, from the mouth to the anus. The *Spleen* was firm, of usual size, and of deep bluish-black colour. The *Kidneys* were of natural size, of a bright reddish-brown colour; they were healthy. The *Bladder* was perfectly empty, and closely contracted behind the pubic arch. The uterus was not removed from the pelvis, but was seen to be of normal size; its fundus was of a bluish colour along its margin, from congestion of the subjacent small vessels.

This completes the account I had written of the case immediately after the *post mortem* examination; and, for the present, I abstain from making any comments on it.

CASES OF SYPHILITIC AFFECTION OF THE THIRD NERVE PRODUCING MYDRIASIS, WITH AND WITHOUT PTOSIS.*

BY VICTOR DE MÉRIC, F.R.C.S.(Exam.),
Surgeon to the Royal Free and German Hospitals, London.

I CONSIDER that surgeons engaged in special practice do good service in placing upon record cases of this kind, especially when the latter present peculiar features; but even in the absence of such, it is our duty to swell the number of well-ascertained facts. These, of course, are the sure basis upon which our knowledge of syphilitic affections of the nervous system should mainly rest.

CASE I.—*Syphilitic Mydriasis on the Left Side; no Ptosis or other Ocular Paralysis.*—A gentleman from abroad, engaged in mercantile pursuits, and about 30 years of age, first consulted me, Jan. 19th, 1868. He had very slight blennorrhœa. On the nape of the neck and forehead were small copper-coloured papules. He was of ordinary size, well built, but rather pale. His functions were in a tolerably healthy condition.

Five years before the present visit, he had had a chancre on the glans, followed, in a few weeks, by a general eruption. Mercurial treatment, though not well borne, was kept up in London, after having been begun abroad. The patient was subsequently put upon iodide of potassium and sarsaparilla, with which he persevered for some months, and had not perceived, since that period, any syphilitic symptoms.

For the urethral discharge, a tannin injection was used; and iodide of potassium was given in small doses, in view of the syphilitic taint which might keep up the discharge. The patient then went on a journey to the south of Europe, and returned to London in May, after having consulted abroad several medical men both as to the blennorrhœa and the former syphilis. The symptoms of the latter consisted merely in a few scattered papules on the face and nape of the neck. The blennorrhœa was persistent. We now tried bismuth injection, and continued the iodide of potassium. A few days after this, the patient mentioned a confused state of vision, and I perceived a marked dilatation of the pupil on the left side; he had the usual amblyopia when attempting to read with both eyes, but no diplopia. There was perfect vision with the right eye alone. He had no ptosis, nor paralysis of any of the recti or oblique muscles. There was no pain in the head, nor derangement of general health. Five grains of iodide of potassium were ordered to be taken three times a day, a blister to be applied behind the ear, and a compress with lead-lotion

over the eye. As no improvement was obtained, and the pupil, against a strong light, was, in the left eye, almost three times the size of the pupil of the right or sound eye, I introduced a little disk, prepared with extract of the Calabar bean, under the lower lid of the left eye, increased the dose of the iodide, and desired a fresh disk to be used every morning. The pupil contracted energetically with the Calabar bean, but the paralysis of the circular fibres usually returned in the evening, with all the amblyopic symptoms. I was now anxious to examine the fundus of the eye, and obtained the able assistance of my friend Mr. Wordsworth. The retina was sound; there was slight congestion of the choroid. He had no amblyopia through a small perforation. There was imperfect vision of the left eye, depending on paralysis of accommodation. He was ordered to continue the Calabar bean and the iodide of potassium, and to avoid straining the eyes.

This treatment was steadily continued up to August; viz., for three months; the iris then began to act a little better, when, for a trial, the Calabar bean disk was not used. The dose of the iodide had been carried to sixty grains daily. At last, in November, six months after the mydriatic attack, the pupils acted equally on both sides, and the iodide was replaced by steel and quinine. At this period, a large tubercle appeared on the nose; and I judged that a permanent blister on the left arm would be of use. This was kept up for some time, and finally allowed to heal up.

It may then be said that the treatment lasted six months. I saw the patient about a year after the first onset of the mydriasis; he remained well, but stated that, after reading for some time at night, the letters became indistinct. There was no reappearance of any syphilitic symptom.

CASE II.—*Syphilitic Mydriasis of the Left Eye: Ptosis: no other Ocular Paralysis.*—A French gentleman, about 32 years of age, engaged in the City, brought a young lady to my consulting-room in October 1867. He wished me to give her some advice touching an eruption in her face. This consisted in several rings of psoriasis of a copper colour. I immediately had my suspicions, and found, when alone with the patient, that the vulva and thighs were thickly set with mucous tubercles. I was, of course, obliged to give an account of this state of things; and the consequence was that I sent the patient to the Royal Free Hospital, where all the symptoms took more and more development. The treatment lasted over four months, during which time she had a miscarriage. The mucous tubercles, which had grown into large vegetations, had to be removed with the knife, and the patient left in good condition.

Before concluding this rapid account of her case, I should add that I saw the patient about a year after she had left the hospital, as she sought my advice for epileptic symptoms, which I could not help connecting with her former syphilis.

I return to the gentleman, whose case offers interesting features, and on whom our attention is to be principally fixed. Up to the time when he brought the lady to me, he had not perceived any morbid symptoms upon himself; but he came the next day to show me a very slight psoriasis palmaris on both hands. None but a practised eye could have detected it. On the mucous reflexion of the prepuce was a still slighter, scarcely perceptible, scaly redness. A few inguinal glands were somewhat enlarged; but they were always so, according to the patient's statement. The occipital glands were very distinct; and one gland, of the size of a pea, could be felt near the left elbow. The patient was extremely careful of himself, scrupulously clean, and maintained that he had never perceived the slightest primary symptom about the parts of generation or elsewhere. He was ordered to take one grain of iodide of mercury every night, and to apply mercurial ointment to the hands. The treatment was carried out for three months, during which time the hands quite recovered; but papules appeared on the hairy scalp, and the tonsils enlarged considerably. A few very slight relapses had to be combated for a few months afterwards; but the patient soon recovered his usual health.

In January 1869, seventeen months after he had first been attacked with syphilis, the patient came to complain about the sight of the left eye. I perceived some epiphora and a slight dilatation of the pupil. He stated that vision was perfect on the right side, but indistinct on the left. There was much confusion when both eyes were used, but no actual diplopia nor ptosis. A blister was applied behind the left ear, and spirit-lotion to the eyes. As the ptosis some days afterwards had increased, I judged, considering the history, that a course of mercury was advisable: this was at once begun, and the blister repeated. In a few days the ptosis was more decided, but the movements of the globe were free; there was no strabismus. I now commenced the use of the Calabar bean disks; and, with the kind assistance of Mr. Wordsworth, we ascertained the state of the deeper portions of the eye on February 3rd, about three weeks after the eye was first affected. The deep struc-

* Read in the Surgical Section before the Annual Meeting of the British Medical Association in Leeds, July 1869