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 lithotritry 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