and cough by a dose of morphia, or by a cautious inhalation of chloroform from time to time. Do your utmost to prevent the patient from being alarmed and excited by the sight of the blood. Let him have a plentiful supply of cool fresh air. Let him keep lumps of ice in the mouth and swallow the cold water. Sometimes the application of ice to the chest has a powerful effect in arresting the bleeding. It should not be continued long enough to chill the patient; and it is more likely to be effectual in exciting sympathetic contraction of the deeper arteries when applied for a short time over different parts of the chest, both front and back, than when applied continuously over one part. Gallic acid I believe to be one of the best styptics in cases of pulmonary hæmorrhage. It may be given in doses of ten grains, in the compound infusion of roses, every three hours, if the bleeding be copious, and less frequently as the bleeding subsides. Another useful styptic is the liquid extract of ergot. This, too, may be given every three hours, in doses of half a drachm. It may be given alone or combined with the gallic acid mixture. The oil of turpentine in 20-minim doses sometimes succeeds when other remedies fail; and I have seen the bleeding quickly arrested by the inhalation of turpentine vapour. We directed our patient, Herring, to inhale, first turpentine, and subsequently creasote, for two reasons: first, to correct the factor of the expectoration and the breath; and, secondly, to promote the expulsion of the decomposing blood from the lung, and thus prevent the risk of mischief from its retention. You will find the inhalation of turpentine vapour an excellent expectorant in this and other cases where the object is to expel accumulated material from the air passages. An emetic of sulphate of zinc may sometimes be given for the same purpose. Dr. Weber, in the paper before referred to, recommends a combination of antimony and ipecacuanha as an emetic, partly to expel blood from the lung, and partly to arrest bleeding.

ON A CASE OF PARASITIC DISEASE PRODUCED BY THE LARVA OF THE CESTRUS BOVIS.*

By ROBERT WALKER, M.D., Carlisle.

IN September 1859, when I was in Shetland, a young woman, 22 years of age, consulted me, complaining of an acute pain behind the right shoulder. She had felt it first about a fortnight before in the lower part of the back, and it had gradually ascended and had lately become more intense. On examining her back, I found a red line somewhat resembling an inflamed absorbent, but having a rather tortuous course, and extending from the left loin to about the middle of the right scapula. Towards its lower extremity it was indistinct and had a purple tinge, but at its upper extremity was very red and acutely painful. A little in advance of this extremity was a slight puffiness of the skin, beneath which a hard substance could be indistinctly felt. Having read a paper on this disease written by the late Dr. Spence of Lerwick, I had no difficulty in diagnosing the presence of the larva of the *Cestrus Bovis*, and, cutting down upon the above-mentioned hard substance, I ejected the intruder.

The case, so far as it goes, is a good example of the disease as it is usually seen in Shetland; but when the larva—to whose travels beneath the skin the symptoms I have described owe their production—is undisturbed, it eventually becomes stationary; a furunculus forms, and at its apex a small orifice appears, through which a little bloody serum, mixed with pus, for a while exudes, and the grub at last escapes and falls to the ground.

The *Cestrus Bovis*, or gadfly, infests cattle towards the end of summer, and the sight of it drives them almost mad with terror. Although it is contended by some that the female deposits her eggs on the hairs of cattle, it is generally believed that she inserts them into the cellular tissue by means of an ovipositor. After a short time, small tumours appear on the back of the infested animal, each having an orifice at its apex, from which exudes a sanguineous discharge, mixed with pus, and from which at length a grub, commonly called a warble, emerges. Another species of *Cestrus* infests the reindeer, causing a very similar affection; but other species which infest the horse and sheep produce disorders of a very different nature.

In South America, this parasite seems to have been very frequently observed on man. It has been frequently seen in the human subject in Shetland; but invariably, I believe, in women. In stating it to be the larva of the *Cestrus Bovis*, I follow Dr. Spence. Mr. Bracy Clark also considers the human parasite to be the *Cestrus Bovis*; and Küchenmeister says we are not justified in supposing that there is an

Cestrus Humanus. The rapid motion of the larva under the skin of the human subject, whilst it is stationary in the ox, may probably be explained by the different characters of the areolar tissue in the human and bovine animals.

NOTES ON SOME FEIGNED CUTANEOUS AFFECTIONS.

By C. HILTON FAGGE, M.D.,
Assistant-Physician to Guy's Hospital.

IN a paper on "Feigned or Hysterical Diseases of the Skin", published in this JOURNAL for January 8th, 1870, Mr. Startin refers to the Museum of Guy's Hospital as containing a model of an affection produced by nitric acid. The model in question is, I believe, that numbered 298 in the Catalogue, and described as representing "the arm of a young woman, showing gangrene of the skin, believed by Dr. Addison to be the result of the application of some mineral acid." It was made many years ago, and has been altered by time, so that its original character is perhaps not clearly to be recognised; but it presents numerous irregular patches of very considerable size, which have sinuous outlines, and, as it were, fit into one another; being, however, separated by intervals of healthy skin. From some of the patches the sloughs are being detached; and in one instance this process has been completed, a granulating surface being left. No history of the case has been preserved.

Within the last few weeks, a patient has been under observation in Guy's Hospital who almost beyond doubt had produced an artificial gangrene of the skin of her face and chest by the application of nitric acid. She was originally a patient of Mr. Arthur Roper of Blackheath, who sent her up to me as an out-patient. I advised her to come into the hospital; and she was accordingly admitted into the Clinical Ward, under Dr. Habershon's care. With Dr. Habershon's permission, I communicate the following notes of her case, which were taken by Mr. Wilson Eager, the clinical clerk.

Caroline S., aged 18, was admitted December 14th, 1869. On admission, she had on her face and chest several dry, apparently gangrenous patches. These appeared to present different stages. The more recent ones were quite smooth, and of a yellowish-white colour; some with a more or less greenish tinge. Those of older date were uneven, and of a dirty brown hue. Over some of these patches there was absolute loss of sensation; others were exceedingly tender. Round the margins of two patches beneath the clavicles, the skin was distinctly raised into irregular blebs with a wrinkled flaccid membrane, very like blisters produced by some local irritant. Round the circumference of the patches there was a narrow well-defined zone of bright redness. In addition to the eschars or gangrenous patches, there were beneath the clavicles irregular erythematous spots, of about the size of five-shilling-pieces. On the neck, the cuticle was in several places peeling off in irregular brownish flakes.

The history of the affection given by the patient was as follows. In the afternoon of December 8th (eight days before her admission), she felt a burning sensation on the left side of her neck; she looked in the glass, and saw that there was a blister. Soon afterwards, other blisters appeared on different parts of the neck, preceded by tingling. On the following day, several patches were visible on her cheeks and forehead; and, on the 12th, one appeared on the chin. No fresh ones subsequently formed until the morning of her admission, when two or three were beginning to appear on the upper part of the chest.

In their examination of the case, the clinical clerks at once noticed that the tips of the middle, index, and ring fingers of the right hand, the palmar surface of the middle finger of the left hand, and the palm of the left hand itself, all presented stains of a bright yellow colour, exactly like those to which nitric acid gives rise. On the ring finger, the yellow colour ran along the sulcus between the side of the nail and the skin; the adjacent parts of both being stained in the same manner.

There could hardly have been stronger circumstantial evidence that nitric acid had been used than was afforded by this staining of the nail; but the girl maintained that she had used no acid or irritant substance of any kind, either in her work or otherwise. The marks on her fingers, she said, came of their own accord, with pain, like the patches on the chest and neck.

She was a well-nourished, healthy girl, but very impressionable. This was particularly noticed by Mr. Towne, who says that she started at the least touch.

On the 17th, while she was in a warm bath, her bed and locker were searched; but no evidence of trickery was discovered. No stains of

* Read before the Cumberland and Westmorland Branch.

any sort were found on her night-dress or other apparel. None of the patches on the chest or neck presented any marks such as would be produced by nitric acid "running" beyond the part to which it was applied.

After her admission into the hospital, no fresh patches appeared. Those which already existed quickly altered in character; the whitish eschars changing into brownish crusts, which themselves were soon shed, leaving the skin healthy, but marked by superficial cicatrices.

I was the more interested in this case, as a patient with a very similar disease had, a few months before, been under my own care in the same ward. The following report of the case in question is from the notes made at the time by Mr. W. T. P. Douglas, B.A., my clinical clerk.

Elizabeth W., aged 18, an out-patient of Mr. Bryant's, was admitted into the Clinical Ward, under Dr. Hilton Fagge's care, on August 23rd, 1869, on account of a cutaneous affection, presenting considerable varieties of appearance, in some parts taking the form of dry gangrenous patches or eschars. Such was especially the case with an irregularly oblong patch covering nearly two square inches of surface, situated just above the left mamma. This patch was depressed, dry, yellow, and shining; and in the lower part of it a small blood-vessel could be seen, with its contained blood dried up in its interior. The margin of the patch was brownish and raised, and was surrounded by an inflamed areola. Above the right breast was a similar spot, but smaller, and with less marked characters. On the left forearm there were three patches, all of more recent origin, but of different dates. The newest was red, slightly raised, and exhibited fine and closely set papules; the oldest was somewhat less raised, with the papules less distinct, and the intervening surface opaque, bluish-white, having the characters of a dry eschar; the third patch was intermediate in appearance between the other two. Other patches, again, were older than those on the chest. One, an inch and a half long, lay on the left sterno-mastoid. On the day before her admission, when she came as an out-patient to Dr. Fagge, this had presented a uniform whitish-yellow gangrenous appearance; now it was covered by a rough brownish scab, surrounded by an inflamed areola one-eighth of an inch in diameter. On the left arm and the back of the left hand, still earlier spots could be just traced, in the form of "scurfy patches", with irregular margins. Sensation was impaired over the patches on the neck and chest; but she could still occasionally feel a slight touch.

The girl stated that the affection had begun six weeks before, on the left arm. Here the skin began to itch; it soon became red and slightly raised; it then acquired (according to her account) somewhat the appearance of a blister; but no fluid was discharged from it. It gradually spread in an irregular manner over a surface three square inches in extent.

On the day after her admission (Aug. 24th), it was found that four fresh spots had come out during the night on the left forearm; and four more appeared that morning on nearly corresponding points of the right forearm. On the morning of the 25th, a large patch, three inches by an inch and a half, made its appearance on the front of the right forearm, below the elbow. All these patches rapidly altered in character. In most of them, a central spot, generally of jagged and irregular outline, assumed the white gangrenous character; and this, again, quickly passed into a yellow scab-like condition. At the same time, the size of the patches diminished; portions of the skin towards their periphery returning almost to the natural colour. On the 28th, it was possible with the point of a knife to raise the whitish cuticle from the patch on the right forearm, exposing a reddened surface. By the 30th, the crusts had fallen from the places on the neck and chest, leaving very superficial cicatrices.

At this time, two or three fresh spots came out on the inner side of the right thigh; but these never acquired the gangrenous character to any marked extent. On Sept. 3rd, another patch, having rather the appearance seen in urticaria or erythema, was observed on the right arm.

On August 27th, she was rather suddenly seized with symptoms of acute laryngitis. These quickly subsided; but on September 18th she had a slight return of them. The tonsils were somewhat swollen and inflamed, and remained so until Sept. 22nd, when she left the hospital.

The girl had been in service, but had fared badly. For three or four months, she said, she had felt weak, and unable to do her work properly. According to her own statement, she had had the same disease before, in the course of the summer, both in 1867 and 1868, though in a milder form. There were some slight marks on the chest and legs, indicating the seat of these eruptions.

She was not an unhealthy-looking young woman, nor thin; she had rather an excess of colour in her cheeks. She appeared entirely devoid of any excessive self-consciousness or excitability, and, in fact, seemed particularly stolid and indifferent. She showed no tendency to make much of her disease, either as a cause of suffering to herself, or as a

source of sympathy from others. She had passed about a fortnight beyond the proper time for her catamenia. She was ordered quinine mixture, and was directed to keep the affected parts covered with cotton-wool.

Having in view the apparently conclusive character of the circumstantial evidence of the use of nitric acid in the case first recorded, we can hardly, I think, escape from the conclusion that in the second case the affection was produced by the same means. It is true that the colour of the patches was not quite the same in the two cases, and that my patient appeared entirely free from that self-consciousness and excitability which Mr. Towne remarked in Dr. Habershon's patient, and which, he says, would have led him to suspect that there was some trickery about the case, even if no other evidence of it had been discovered. The question was repeatedly discussed when my patient was in the Clinical Ward; but I confess that at the time I was strongly of opinion that the case was one of "Spontaneous Circumscribed Gangrene of the Skin".

An undoubted example of this last named disease occurred two or three years ago in a male patient under Dr. Habershon's care. This case will be found recorded in the *Guy's Hospital Reports* for 1867, page 198.*

Some years ago, Dr. Morley Rooke published in the *Lancet* (1864, ii, p. 486) an account of a case of this kind, to which he gave the name of "erythema gangrenosum." Dr. Tilbury Fox subsequently expressed his conviction that the disease was artificial, and produced either by repeated blistering, or by the conjoined application of a blister and of some strong acid.

The case above recorded appears certainly to support Dr. Fox's views; and also seems to justify considerable doubt as to the spontaneous origin of the disease in the cases of a similar kind described by Sir B. Brodie (the *Works* of Sir B. Brodie, 1865, vol. iii, p. 392).

In one respect, all these cases appear to have differed from that of Dr. Habershon's male patient above referred to. This man lived a month after the gangrenous patches first appeared; and after his death (from phthisis), there was no indication of the process of separation having even commenced. In the other cases, the eschars were rapidly thrown off.

Among the models of cutaneous diseases in the Guy's Hospital Museum, there is one which illustrates another very remarkable case of feigned disease, which occurred in the practice of Mr. Birkett, who has kindly given me some notes of it. In the model, the right breast is seen to be covered with an eruption, which apparently consists of solid red tubercles, as large as peas, closely crowded together. There is also an eczematous patch, nearly as large as the palm of the hand, just below the breast.

The patient from whom this model was taken—Catherine L., aged 20—was first admitted under Mr. Birkett's care, July 4th, 1855. She was a delicate, rather hysterical-looking girl, and had suffered from irregularity of the catamenia, and from leucorrhoea. She said that she had had more or less pain in the right breast for fifteen months—ever since she had received a blow on the part. She declared that she had also noticed a "small lump" a little on the inner side of the nipple. No lump, however, could be discovered; but the breast was "covered with red patches, evidently the result of some irritating application." The exact nature of the irritant which had been applied was not, however, discovered; the affection diminished in severity; and on July 17th she was discharged "convalescent." On September 17th of the following year, she was readmitted. She said that in the interval she had been to Boulogne, where her breast again began to swell, and became very hard. Various lotions and ointments were prescribed for it; and afterwards caustic was applied daily, but without benefit. The report taken at this time goes on to say that, on admission, "there are warty growths, of peculiar and uncommon character, extending over the whole surface of the right breast, attended with a considerable amount of discharge. Her health does not appear to be at all interfered with. The breast is not tender, and there is very little pain."

One day, soon after her admission, Mr. Birkett visited the ward at an unusual hour, and discovered a piece of lint, strewn with powdered cantharides, which she had laid over the surface of the breast. The imposture having thus been detected, the disease was readily cured. The lint covered with cantharides which the girl used was preserved, and may now be seen in the Museum of Guy's Hospital.

The case is interesting, not only as an example of the detection of feigned disease, but also as showing how much the appearances produced by the repeated application of an irritant to the surface may differ from those which one is accustomed to see as the result of the use of that very substance as a local remedial agent.

* See also the Report of the Meeting of the Bath and Bristol Branch at page 166 of the present number.—EDITOR.