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.,
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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.