given when asked for. She was sponged with tepid water at intervals; and although she occupied the supine position for so long a period, there were no bed-sores at the last.

Case of Lethargy and Abstinence.—Eleanor Addison, aged 11, is the daughter of a carpenter residing at "The Hill", Millom. I visited the child, at the request of her uncle, first on the 10th March, 1869, and saw her a few times in consultation with Dr. Robinson of this town. Her case had attracted much attention; and, being noticed in the local papers, the paragraph was copied into many other journals until it acquired great notoriety as "the sleeping girl of Ulverston." The history of the case, as obtained from the mother, was obscure; all she seemed to know was, that the child had something like croup and a "low fever" during the spring and summer of 1868, for which she was attended by Dr. Astles, at that time residing at Millom, at whose recommendation she was removed to Ulverston for change of air on October 28th, 1868. At this time she was very weak, quite conscious, and able to speak. A fortnight after her arrival in Ulverston she ceased to take food entirely, in consequence of a state of insensibility following convulsions, in which state of "trance," as it was called, she had remained, fasting, for fourteen weeks. She then awoke, talked, and had some wine and cod-liver oil, but no food proper. This lasted one month; and when she "came round" she stated to her astonished relatives that she had been in heaven, and had angels about her (her little brother among them), and she was so happy in their company that she desired to return to them. I made the following notes of her appearance and condition after my attendance upon her.

"The girl is lying as if asleep, but so very quietly that her breathing is scarcely perceptible. The pulse at the wrist is very feeble, almost absent, but distinct enough at the temples. The stethoscope, applied over the cardiac region, reveals only one slight regular sound; the second seems lost, just as it sometimes is in severe cases of typhus fever, with great debility. The extremities are cold, and the skin in every part dry and harsh. The limbs are wasted, the abdomen sunken, the ribs and bones of the pelvis very prominent; and, with the exception of the face, the whole body is emaciated, apparently to the last degree. The face appears to have the ruddy hue of health, and there is no sensation anywhere but in the eyes, which are closed. On touching the eyelashes, the eyelid quivers very little, as may be seen in the case of a sleeping infant. The pupils cannot be perceived, as the eyes are turned up towards the roofs of the orbits. The countenance wears a happy ecstatic expression, ineffable pleasure being firmly depicted upon the features, as if they were moulded into that form. Tickling, pinching, or tapping with the finger, neither excites reflex action in any part of the body, nor disturbs the serenity of the face. There has been no action either by the skin, kidneys, or bowels, for many weeks. The breath occasionally is very peculiarly offensive. The patient lies motionless, but there is no catalepsy. The back part and sides of the head and face are cold; but the upper portion, ascribed by phrenologists to veneration, hope, spirituality, sublimity, and ideality, is hot, and unmistakably supplied more largely with blood than any other part of the body. This fact, taken into consideration with the extraordinary visions related by the child during her temporary recovery, is a remarkable psychological phenomenon. The only sign of consciousness is the slight inclination forward of the head in answer to questions about angels, heaven, or her present happy state of mind. She does not make the least sign when interrogated upon any other subject. As the patient cannot swallow, the lips are moistened occasionally with water, or weak wine-and-water."

I came to the conclusion that this was a clear illustration of the lethargic state sometimes induced by the non-elimination of urea. The peculiar dry, harsh state of the skin, and the history of the case furnished by the friends, seemed to point to suppressed scarlatina and desquamative nephritis having occurred previously to the child's removal from home. I gave this opinion to Dr. Robinson, and subsequently to Dr. Astles, when we all met to consider the case, but Dr. Astles attributed all the symptoms to tuberculous deposit in the brain. The matter was referred to the Local Branch of the British Medical Association at Carlisle afterwards, by Dr. Robinson, but I was prevented from attending the meeting, which, I learned, leaned to the opinion of Dr. Astles.

The mother objected to nutritive enemata, so I suggested inunction of the whole body daily with warm olive oil, and hot applications (bottles and flannels) to the feet and legs and to the nape of the neck, for the purpose of promoting the action of the skin, and nourishing the body by absorption, and deriving the blood from the head. This treatment did not restore consciousness; but the hot applications to the feet, etc., had the effect of diminishing the heat in the coronal region, and, oddly enough, of removing the strong spiritual impressions previously existing; consequently, the serene expression of the face was changed to one of sadness and despondency, and the angles of the mouth were

drawn as if the patient were suffering acute anguish of mind. This feeling at times increased until, as on one occasion when I was present, tears ran down the face, and faint sounds of suppressed sobbing showed the alteration in the mental vision, and the removal of the "angels ever bright and fair" from the world in which the poor creature existed. She no longer replied to any questions; and, as might be expected, this unpleasant change greatly disappointed the relatives and the numbers of persons of all classes who constantly visited her. Hundreds of people had crowded to see the child from the first, as many as half-a-dozen being admitted to the room at a time; and as every one had long concluded she must die, this strange treatment of mine was looked upon as a cruel and unwarrantable interference. The possibility of saving the life of the girl was never thought of; the only idea with most of the visitors being that she ought to be allowed to die happily. Some intelligent persons—to their honour be it spoken—insisted that proper measures should be used, and aided greatly by endeavouring to reason with the ignorant. I did not visit the house again; but, under Dr. Robinson's care, the inunction was partially carried out, and at length, after twelve weeks had passed, she awoke one Sunday from this second trance, and asked for porridge, which she ate freely. At this time there was a little action by the kidneys. She recovered gradually her strength, and was removed to her own home June 5th, 1869, where she is at the present time in tolerable health. Thus, without reckoning the interval of one month, this girl was without food for twenty-six weeks, unless a very clever piece of deception has been practised, to accomplish which both the child and her mother must be very much more sophisticated and artful than I gave them credit for.

AVULSION OF THE ARM AND SCAPULA: RECOVERY.

By THOMAS EVANS JONES, Esq., Llanasa.

On November 1869, Joseph Parry, aged 11, met with an accident at Trelogan Lead Mine. Early that day, when he went to work, he found a piece of loose rope, and threw it over a cog, or rather a hook, which was in motion. His coat and arm became entangled in the rope, and he was dragged between an iron rod and a wooden frame six inches apart. The machine, being worked by steam, could not be stopped immediately; consequently, his right arm with the scapula attached was clearly drawn off. The median and ulnar nerves remained hanging down his side like two white strings. The humerus was fractured in two places—at the middle and at the surgical neck. There was also a wound skin-deep seven inches long in the left groin, which healed by the first intention. He lost some blood, fainted, and fell into a heap of gravel, which filled the wound. When I saw him between 8 and 9 A.M., he was in a state of collapse; his pulse was scarcely perceptible; his feet, hands, and face were cold and livid. Warm bottles were applied to the feet and body, and brandy and water was given every fifteen minutes. It was 3 P.M. before reaction was fairly established. I then cleaned the wound of the stones, removed the median and ulnar nerves, and, after some difficulty, secured the axillary artery, which was surrounded by the brachial plexus. Two other small arteries were also tied. I next removed a piece of the clavicle two inches long to enable me to bring the parts together, which were kept *in situ* by metallic sutures. The wound was dressed every four hours with solution of carbolic acid. A fourth of a grain of opium was given night and morning, and continued for a fortnight. Brandy, beef-tea, and milk were given frequently.

On November 30th, he had passed a restless night, and was sick and feverish; pulse 120, tongue furred. He was ordered to take every third hour a tablespoonful of a mixture containing a drachm of chlorate of potash and half an ounce of liquor ammoniæ acetatis in four ounces of water.

On December 1st, he had had a good night, and was less feverish; pulse 90. He passed no urine since the previous evening, and his bowels were not moved. He was ordered to have a senna draught immediately. Warm fomentations, by means of wet flannels, were applied to the abdomen.

December 2nd.—He had passed a good night, and voided urine freely; pulse 80, tongue clean. The bowels were not moved. He was ordered to have immediately two grains of calomel and a scruple of jalap. In a few hours after taking the powder, the bowels acted.

December 5th.—The wound was looking healthy. Three of the sutures were removed.

December 6th.—The remaining sutures were removed. The wound was dressed with long narrow strips of plaster an inch apart, and solu-

tion of carbolic acid was applied as before. This treatment was continued for about three weeks, when the wound was healed, except where the ligatures were. One of the ligatures came off on the seventh, and the other two on the eighth week; and the lad was perfectly well, and running about.

I found the opium and carbolic acid most useful in this case.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

A REPORT ON HYDROA AND ALLIED DISEASES.

[Continued from page 493.]

It is to be hoped that the time is passing when anyone will attempt to define a skin-disease merely by the appearance of the eruption presented. We shall never arrive at any useful conceptions of the true nature and relationship of these maladies, unless we are careful to take into consideration their clinical history as well as their local appearances. The disease which we are now considering is vesicular, or in some forms almost bullous; yet it is very different from both eczema and pemphigus. A glance at its clinical history will prove this. Eczema is of indefinite duration, usually waiting to be cured and not unfrequently waiting a long time; hydroa goes away of itself. Eczema may occur on any part of the body, and may be either irregular or symmetrical; hydroa is always symmetrical, and although it may affect the whole of the body never allows the backs of the hands to escape, and scarcely ever the face. Nearly the same points of contrast might be mentioned in reference to pemphigus; and respecting both it would be very easy to describe, were it necessary, certain features of difference in the characters of the rash. Hydroa is, if another name for it be wanted, a vesicating form of erythema papulatum (*seu* multiforme). It may be convenient here to devote a few paragraphs to the consideration of its allies.

Erythema Nodosum.—This disease is one which is well known, and which is usually considered to be well characterised and unmistakeable. Its common forms, in which it is met with only on the leg, undoubtedly are so; but in addition to these there are less frequent ones in which the eruption occurs on the upper extremities also, and even over the whole surface of the body. Hebra has figured it (Heft VI, Tafel 4, Plates 2 and 3) covering the backs of the hands, and the New Sydenham Society's plate, an original one, also shows it on the backs of the arms and hands. We shall publish next week a case illustrating yet further deviations from the common standard of this disease, and showing that with erythema nodosum on the legs there may be a general rash over the whole body, characterised by patches of abortive vesicles and with phlyctenulæ on the mucous membranes. This case, possibly unique, is invaluable as a connecting link between erythema nodosum, erythema circinatum, and hydroa.

Erythema Multiforme.—Under this name Hebra has very judiciously included all the forms of specific erythema, excepting *nodosum*. It takes in erythema circinatum, erythema papulatum, erythema iris, erythema tuberculatum, erythema annulare, and erythema gyratum. He counts as the distinctive features of a specific erythema that it shall occur symmetrically, and shall never exempt the dorsal surfaces of the hands or feet; in severe cases the rash may come out on other parts, but it never omits the backs of the hands. He adds that these maladies always disappear after a short duration, within a month at most, and that nothing whatever is known as to the causes which produce them.

It does great violence to old-fashioned notions of what is meant by "erythema" to admit that it may be attended by vesication; yet there can be no clinical doubt that these eruptions, which in the great majority of cases are congestive only, do in some cases result in fluid effusion. This, Hebra has recognised; and although he still unfortunately, we think, uses the names "herpes iris" and "herpes circinatus" for the vesicating forms of erythema, he distinctly asserts the fact that such "herpes" is only a modification of erythema multiforme. The reader will find our statements verified by reference to p. 288 of vol. i of the New Sydenham Society's Translation, and to plates iii, iv, v, and vi of the 6th fasciculus of his *Atlas*. We cannot find any evidence of the Vienna professor's knowledge of M. Bazin's views. Several of the portraits which we have mentioned are, we feel certain, illustrative of what Bazin would have called hydroa.

Let us repeat that hydroa is essentially a vesicular form of erythema multiforme, and that it should include probably most of the cases which

have been called herpes iris, which latter have almost certainly no real relation with the other true forms of herpes.

Connexion between Hydroa and Rheumatism.—Some writers, and especially, we believe, the late Dr. Beggie of Edinburgh, have argued in favour of the belief that erythema nodosum is a rheumatic malady, and there can be no doubt that it is frequently associated with more or less of articular inflammation. The French authorities, who, as is well known, devote great attention to the study of the diatheses, also count erythema as arthritic. Hebra, who ridicules speculations as to cause which are not susceptible of positive proof, prefers to admit absolute ignorance in reference to the constitutional conditions implied by the occurrence of an attack of erythema.

We will now proceed to cite other cases bearing upon our subject, and shall conclude with a brief review of the principal points which appear to be established.

CASE VIII.—*Vesicular Hydroa affecting the Face, Backs of Hands, and Arms.—First Attack in a Middle-aged Man.—Spontaneous Recovery after a short duration.*—A man, aged 54, was admitted into the London Hospital on March 4th, 1869, under the care of Mr. Hutchinson. The following notes were taken at the time. About thirty-three years ago, he had syphilis, followed by iritis of the right eye, and by ulcers on the legs. He was treated with mercury, got perfectly well, and has remained so till the present time. His present illness began last Sunday. For a day or two before he had felt bilious. On Sunday and Monday he felt ill, but he went to his work on the latter day. On the Tuesday the rash began to come out, and he had sores on the mouth. He had no pain in the back, and, although he felt chilly occasionally, he had no definite rigor. He is now covered with a rash which consists of vesicles, about the base of which there is much thickening. Some of the vesicles are depressed in the centre. In some places there are a number of vesicles at the apex of an inflamed patch, the vesicles having become confluent. In others, however, a single vesicle occurs at the apex of a papule. The eruption occurs very freely on the fronts of his arms, on his neck, shoulders, and fronts of his thighs and legs. It also covers his face, and there are a few vesicles on the vertex of his head, where he is nearly bald. There are a number on his penis. The lining membrane of his lips and the mucous membrane of his soft palate are inflamed and excoriated, and his uvula and eyelids are oedematous. His tongue is furred, and he has no appetite, but there is not much feverish disturbance. The vesicles are quite clear in the early stage, but soon become abraded. His urine is light coloured, very slightly acid indeed; specific gravity 1,010; no trace of albumen; temperature 101; pulse 109.

March 10th.—The eruption is disappearing very fast. On the face there are very few traces of it.

CASE IX.—*First Attack of Hydroa in a Middle-aged Woman; Hands and Face the only parts affected.—Disappearance after about a Month's duration.*—Anyone wishing to realise the condition presented by the eruption in the following case should inspect portrait No. III of Hebra's *Atlas*, Fasciculus VI, which it very closely resembled. A coloured portrait of the woman herself was taken, and is preserved in the collection of the Hospital for Skin-Diseases. The case is a very peculiar and interesting one, and so closely simulated a syphilitic rash that it was diagnosed as such by several who saw it. We may note that the rash showed itself copiously on the backs of the hands and on the face, and on these parts only, a fact which is almost conclusive against the diagnosis of syphilis.

After the last note the man rapidly recovered, and he left the hospital quite well about a fortnight after his admission. The treatment has been expectant only. He has remained without any relapse of the eruption up to the present date (14 months), and is now in excellent health. At the time of his illness, no one else in his family suffered. With the exception of a doubtful attack ten years before, he had never himself had any similar eruption. Good portraits showing the characters of the eruption on his face and arms have been preserved, and will be exhibited at the Newcastle meeting of the Association.

Elizabeth Morgan, a married woman, aged 37, was admitted into the London Hospital on May 18th, 1869, under the care of Dr. Ramskill. She was the subject of disease of the heart, and had aortic and mitral bruits. She stated that she had never had rheumatic fever, and that on the whole she had enjoyed good health until three months ago, when she began to lose strength and flesh.

The Eruption.—On the backs of the hands there were numerous papules, which were pointed and tending to vesicate. Her face also was covered with similar ones. On May 24th, when the eruption was further developed, the pustules were described as much resembling those of small-pox, excepting that they were larger. None of them were confluent. They were very tender to the touch. There were no papules on the body nor on the lower extremities. The woman had neither sore throat nor hoarseness, but there were some doubtful ap-