mities, but it is possible that this was due to the pain she experienced in endeavouring to move them.

At the time of my visit she was quite sensible; she lay on her back holding her head somewhat stiffly; she had no headache, or affection of any of the organs of special sense: there was nothing the matter with the arms or hands; but the thighs and calves were tender, as also were the knees, of which the left was a little swollen. There was also very slight oedema of the legs. No paralysis or anaesthesia was discovered, and the tendon reflexes were all normal. She had been perspiring profusely, but the skin was now dry. Her respirations were quiet and of normal rate; her pulse, 146, regular. There was no discoverable disease in any of her thoracic or abdominal viscera, or in her throat.

I subsequently learnt from Dr. Lees that her temperature (taken by her father) during the following night was found on one occasion to be 103°, but that she afterwards became so restless that no further observation was made. At 11.15 the next morning Dr. Lees found her partially comatose, but restless and muttering at times, with half closed lids, and contracted and divergent pupils. Her pulse was weak and irregular, and her temperature 105.5°. The swelling of the left knee had almost completely subsided, and there was no cardiac murmur. Her coma gradually deepened, and she died at 6 the same evening.

CASE IV. *Influenza (?) : Brain Symptoms : Death : no Necropsy.*—Miss H., aged 24 (seen May 3rd, 1891, with Dr. Cheadle and Mr. W. L. Webber) was attacked with cough about a year ago, at which time a murmur was detected in the cardiac area, but the lungs are said to have been healthy. Her present illness appears to have commenced two months ago, when she was attacked with chilliness and fever (but no definite rigors), pains in the eyes and head, chest and limbs. The symptoms, as described, appeared to be due to an attack of influenza. These subsided after a time, and she appeared to be fairly well until a month ago, when she began to complain of frontal headache, with occasional numbness and loss of power in the right arm and difficulty of speech, which seemed rather due to an impediment in articulation than to want of words. These symptoms have increased upon her, especially during the last eight days. Her hemiplegia has become more pronounced, so that, although she has continued able to move arm and leg freely, she has attempted to write only with her left hand. Her speech has become more and more affected, and for some days past she has only been able to say "Yes" and "No," but she appears to have understood all that was said to her, and the few words which she has scrawled with her left hand have been correctly spelt. She has slept badly, has been very irritable and restless, and has been more or less constantly muttering to herself, and from time to time crying out. She has not passed her evacuations unconsciously. Her temperature has been variable but feverish, and has occasionally reached 104° F.

She is now lying in bed, seems to have general hyperaesthesia and photophobia, is irritable and restless, and difficult to examine. She moves the right arm and leg freely, but they are evidently weaker than their fellows. There is no obvious paralysis of the face or of the tongue. I am not sure that she raises the left eye so well as the other, and am inclined to think she closes this eye more perfectly than the other; but the movements of the eyes generally are normal. The pupils act to light and accommodation, but the left is generally the larger of two. Apparently she sees with both eyes. She makes vocal sounds, but produces no definite articulate words. She has no difficulty in swallowing. The lungs are healthy and her respirations normal. There is a musical systolic murmur in the pulmonic area (inorganic), but the heart appears healthy, and its action is regular and 84 in the minute. I cannot discover any evidence of disease in any other organ.

I only saw this patient on one occasion; but since her death, which occurred about nine days after my visit, I have received a note from her medical attendant, Mr. Webber, which carries on the history of the case down to that event.

Her condition gradually grew worse. The paralysis of the right side of the face and right arm varied from time to time, but sometimes seemed almost complete. It was not complete just before death. The control of the sphincters was lost about three days after I saw her. The stammering

attempts at speech become less and less; the hyperaesthesia subsided, and coma, with inability to swallow, supervened. During the last few days of her life she had violent attacks of palpitation, lasting about five minutes each, and three days before her death the temperature rose again to 104°.

CASE V. *Influenza (?) : Brain Symptoms : Death : no Necropsy.*—Miss S. H., aged 18 (seen May 13th, 1891), had been anaemic of late, but otherwise seemed to have had good health. She began to be vaguely poorly twelve days ago, but her illness came on acutely five days later with pains in the limbs and other symptoms, which appeared to be identical with those which several other members of the family had been suffering from, and had been attributed to influenza. In the evening intense earache attacked the left ear, and before long the right ear also became involved. She passed a night of great agony, but by the morning the earache had entirely subsided, leaving her, however, deaf. The following day she remained very poorly, and was very sick, and towards the evening she complained of feeling intensely hot. During the ensuing night she was very restless. The next morning the temperature was found to be 105°. Since then she has been very ill, and her temperature in the morning has usually been about 106°. It has fallen, however, to 101° or so during the day, and her nights have been for the most part fairly comfortable. Yesterday signs of pneumonia were for the first time detected, her headache became more intense, and she began to ramble a little. Later she became, and has continued, maniacal, and has suffered from hallucinations, her temperature remaining uniformly high. She is now maniacal; her skin feels hot, and is perspiring slightly; her temperature is 106°. There is a systolic murmur at the apex of the heart, which I am inclined to believe is "functional." The pulse is 136, regular. Her respirations are not rapid; she has a slight cough at times but no expectoration. There is dulness on percussion, with tubular breathing and crepitation over the lower half of the left lung behind. The tongue is somewhat coated, the pupils are normal, the special senses seem unaffected: there is no paralysis; the skin is free from eruption, and there is no herpes on the lips. She died on the 15th.

NOTES OF UNCOMMON CASES

Shown to Illustrate Lectures delivered to the London Post-Graduate Course.

By JONATHAN HUTCHINSON, F.R.S.,
Consulting Surgeon London Hospital.

AMONGST the cases shown before Mr. Hutchinson's lecture on May 19th, were the following:

Exemption of the Oculo-nasal Nerve in Herpes of the Forehead.—A case of herpes frontalis in an old man, who was nearly bald. The eruption covered nearly the whole of the forehead, extending about to the middle of the scalp. On the nose it affected severely the right side of the bridge, but below this there was not the slightest trace of inflammation. The lecturer stated that his chief interest in the case was to demonstrate the limitation of the eruption by nerve distribution, and more especially the important anatomical fact as to the oculo-nasal nerve, to which he had himself many years ago called attention. The oculo-nasal twig, as its name implies, is distributed to the nose and to the eye. If it is affected herpetic vesicles will appear on the tip of the nose, and the eyeball itself will inflame; whereas if the region referred to escape, so also in most cases will the eye. The case produced illustrated this law most definitely, for although the eruption was very severe on other parts and in close proximity to the eye, the latter was itself entirely free from irritation. The fact that herpes is a disease of the nerves and not of the skin was strongly insisted on, and attention was asked to the circumstance that its inflammatory secretions are wholly incapable of infecting adjacent parts.

Severe Symmetrical Gangrene of the Extremities.—The next case shown was a very remarkable one of symmetrical gangrene of the extremities. The patient, a man, aged 37, had lost the extreme tips of all his toes and the borders of both his ears, whilst the ends of all his fingers on both hands were in a condition of mummified gangrene. They

were quite black, and looked at a little distance exactly as if he had drawn the finger ends of black kid gloves tightly over the distal third of each digit. A line of demarcation had formed in all, and the gangrenous part, an inch to an inch and a half in length, was in very slow process of separation. Thus the fingers had been much more severely affected than either the ears or the toes. In the case of the latter the gangrene had been long complete, and the healing had been quite satisfactory. Mr. Hutchinson remarked that if Raynaud's disease was to be defined as symmetrical gangrene of the extremities no better example of it could possibly be found than in this instance. He had never himself seen an instance in which the gangrene was at the same time so extensive and so symmetrical; yet in some very remarkable features the case differed from the ordinary examples of what is counted as Raynaud's malady. Thus until the present attack the patient had never revealed any peculiarities as regards his circulation. Nothing whatever of a paroxysmal character had ever occurred. The man had suffered from an acute and unexpected illness, which had commenced with vague symptoms of rheumatism, and ended by confining him to bed for twenty weeks, with distressing pain in his chest and a state of such great exhaustion that it was thought he would die. From this he had wholly and completely recovered; his pulse was now of very tolerable vigour, and it seemed likely that the parts which had suffered from gangrene would heal well, and that no particular enfeeblement of their circulation would result. The case certainly presented a most difficult problem as regards the cause of the gangrene. That it was arterial, and that in some way or other the supply of blood had been cut off from the affected parts, no one could doubt. Perhaps the most probable conjecture was that in some way the central organ of the circulation had been for a time extremely enfeebled. Yet of this no evidences remained. The recovery was complete. It was certainly very difficult to suppose that a state of peripheral spasm of arteries (the essential feature in Raynaud's phenomena) occurred on one single occasion, and persisted for a period long enough to cause such extensive gangrene, and then passed wholly away without the slightest tendency to recurrence. It was not less difficult to imagine the occurrence simultaneously of peripheral obliterative arteritis, which should involve the ears, the nose, and all four extremities. Mr. Hutchinson stated that he was indebted to Dr. Beale, of South Tottenham, for the opportunity of bringing this remarkable case before his class.

A Remarkable Case of Supposed Argiria.—Before proceeding with his lecture on May 26th, Mr. Hutchinson produced for the inspection of the class a very remarkable example of leaden tinted skin. The patient, a man of 63, had been sent to Mr. Hutchinson by Dr. Mathew Corner, of Mile End. The face, neck, ears, and scalp were of a tolerably uniform and deep leaden colour. The same tint extended over the whole trunk and limbs, but was much less marked on the covered parts, and least of all on the lower extremities. The mucous membranes of the eye and mouth were also deeply discoloured. The colour was everywhere exactly like that of lead, and the general appearance resembled that of a patient who had taken nitrate of silver in excess. It was not "bronzing" but "black-leading." One result of the discoloration was that all the hair follicles on the skin were made very conspicuous, as the tint was deepest just around their orifices. The same was seen very conspicuously on the palate, where all the gland orifices were picked out in black. Mr. Hutchinson stated that he brought the case forward as an example of a condition exactly resembling that of the deepest possible nitrate of silver staining which had yet been produced without any such cause. The man had always denied having ever taken the drug named. He had however at the last moment, and whilst before the class, remembered that many years ago he used for a year continuously a gargle which he was told contained nitrate of silver. This was at least thirty years before the change in the colour of his skin attracted attention. The history which the man gave of his symptoms was that he had usually enjoyed good health. His colour had first been noticed by his employer about eight years ago. He had been married for the second time about a year previously, and neither his wife nor himself had noticed any discoloration of his skin. He was feeling quite well at the time, and had remained so ever since.

In speculating upon the diagnosis, Mr. Hutchinson said that quite clearly it was not an example of Addison's disease. In all features it exactly resembled nitrate of silver staining. The question was whether either in the manner which the man himself suggested or some other way nitrate of silver had been received into the system, or whether there was simulation or argyria under the influence of a totally different cause. If the man's own suggestion were accepted, we then have the remarkable fact that the coloration of the skin had not been noticed until a long period of years after its use. Mr. Hutchinson avowed his own belief that the case was one of argyria. He could not conceive that any other cause would so closely simulate its appearances.

Raynaud's Phenomena with "Thrombotic Warts."—Another case shown was a girl, aged 24, sent by Dr. Balkwell, of Wandsworth. She presented a good example of the hereditary form of Raynaud's phenomena; her hands were habitually dusky, and the fingers very liable to die. The condition had been present from childhood. There was no history of inherited gout, but one of the patient's parents was crippled by chronic rheumatism. The peculiar feature of the case, however, was the formation on the fingers of little "thrombotic warts;" these consisted of little elevations or thickenings of epidermis, from the size of pin's heads to that of large shot, and of a deep purple tint. They occurred chiefly on the sides of the fingers, especially on the index. The purple tint was clearly due to venous blood, but it was not felt in the vessels, and could not be removed by pressure. Mr. Hutchinson said that he had seen similar appearances in a few other cases, but that he was not prepared to give any definite explanation of them.

A very severe Example of Favus, with Peculiarities.—Another patient was brought to illustrate a most remarkable form of disease of the skin, nails, and mouth in connection with favus. The boy, aged 14, had been sent up from the Plymouth Hospital, where he had been under treatment for nearly two years. The whole of the scalp hair had been destroyed, and the scalp reduced to the condition of scar. The face, part of the scalp, and the fingers were covered with thick, horn-like crusts. The nails were thickened and broken up. On many parts of the body and limbs there were crusts and conspicuous scars. The peculiarity was that nowhere was there any crust in the least resembling those of favus. Nor was there any approach to the peculiar odour of that malady, but the fungus of favus had been found both in the crusts and in scrapings from the nails. It was not found in great abundance, and on many occasions at Plymouth search had been carefully made without result. The boy's lips were excoriated, and his mouth generally inflamed. His circulation was feeble, and his hands and feet were dusky. In connection with this case, a number of drawings were produced illustrating very severe conditions of favus of the scalp and trunk. None of them, however, showed states in the least approximating to those which this poor boy exhibited. In all of them the yellow and characteristic cup crusts were easily identified, whilst in this there was not a single one. The boy had been seen by the members of the Dermatological Society, and the opinion was general that none of the naked-eye appearances in the least suggested favus. Yet there was every reason to believe that such was the real nature of the case. The conditions had probably been aggravated by peculiarities in the boy's condition of health. Mr. Hutchinson added that Dr. Gifford Nash, the house-surgeon of the Plymouth Hospital, who had taken great interest in the case, and who had first detected the fungus, had informed him (Mr. Hutchinson) that while the boy was in the hospital ward two cases of favus had arisen in other patients.

ACCORDING to a telegram from Constantinople, cholera has broken out in the village of Kili, in the Starim district of the vilayet of Aleppo. A medical commission despatched to the place reports that the disease is beyond doubt cholera. Two deaths have already occurred and five people are lying ill.

A sum of £150 had been subscribed by friends in Bamburgh and the neighbourhood for presentation as a testimonial to Dr. Broadbent, of that village, on his 68th birthday; but the kind intention has been arrested by Dr. Broadbent's death after a short illness.