communication to this JOURNAL, of date June 20th, 1874, and I found that I had been in a manner anticipated in what I had considered an original idea. In several of my first trials of this process on the living body, I carried the threads through the holes or slits made by the chisel, but I found that on drawing the noose there was great tendency to bring the palatal mucous surfaces of the flaps into apposition instead of the pared edges; in other words, to throw the two flaps into a vertical position in the roof of the mouth. Here I fancied that I had hit on a remedy for this also, which was to bore one or two holes, according to the size of the flaps, through which I could pass the needles and threads, and so approximate the pared margins without upsetting the horizontal position of the flaps. This plan answered my expectations, but here again I found that the original record of the great German surgeon had anticipated what I had found in practice. Dieffenbach had also suggested these punctures. It seems doubtful whether or not this operation had been done by Dieffenbach; and it is curious that no trace on the subject is to be found in any English surgical writings on cleft palate during the last forty-five years. I myself had not met with any suggestion in regard to division of bone until my attention was called to it by my two friends above referred to. Within the last thirty years much has been said and written by Mason Warren, myself, and others regarding cutting and tearing the soft parts from the hard, and bringing them down in hope of getting union in the middle line, but the proposal with the chisel seems to have been overlooked or ignored by all who have worked at the subject. I shall, however, be well content to have followed in the wake of Dieffenbach, whose proposal to divide the internal rectus of the eyeball for ordinary strabismus gave me the key to my own practice of dividing the levatores palati in ordinary cases of cleft palate.

I shall now proceed to give the results of my experience in regard to the supposed addition to the operation in certain cases of cleft palate, which I described in this JOURNAL of date April 4th, 1874.

(To be continued.)

CLINICAL LECTURE ON WINTER PRURIGO.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital, and to the Blackfriars Hospital for Skin-Diseases; Surgeon to Moorfields Ophthalmic Hospital.

GENTLEMEN,—I wish to describe to you this evening a certain group of well marked cases in which the skin is made irritable by cold. A man who has gone about through the summer with his skin quite comfortable finds himself, as soon as the first threatenings of winter weather occur, troubled by irritation in various parts, often of a very severe character. Year after year, the same thing happens, until he begins to expect his tormentor, or possibly has learnt how to anticipate and prevent it. This form of prurigo usually affects first and most severely certain special parts: the calves of the legs, the out-sides of the thigh, the forearms, and the outer parts of the upper arms. It usually attacks the trunk last, and but slightly. It is not, in the first instance, attended by any eruption, but only by a general tendency to *cutis asperina*. If, however, the sufferer give way to the temptation to scratch, he will be able to find certain isolated points which itch intolerably; and on these, after use of the nails, little pimples appear. Sometimes I have been told that these points felt like little seeds in the skin, which it was absolutely necessary to dig up with the nail. These are the true prurigo-papules, and possibly are developed in connection with nerve-papillæ. In addition to them, there is often more or less tendency to roughening of the surface by lichen-spots (thickened orifices of hair-sacs). Ultimately, in bad cases, the skin becomes rough and harsh, and there are seen a number of little blood-stained crusts; but in a majority of cases, in comparison with the patient's loudness of complaint, there is surprisingly little to be found. Now and then, patches of eczema are produced, or a porrigo or ecthyma rash may result. Perhaps I shall, however, best convey a good idea of the malady, or rather of the liability, by relating to you some cases; and I will select first a mild one.

W. T. aged 45, is a London collector in good health, but thin and rather bilious. He has all his life suffered from that kind of feeble circu-

lation which allows the extremities to become very cold. He never has chilblains or chaps; but his hands and feet are usually dry, somewhat shrivelled, and very cold. His feet, he says, are often icy. He scarcely ever perspires, and can take vigorous exercise with much pleasure and advantage. In boyhood, he did not ail anything from his skin; and it was, indeed, not until about fifteen years ago that he first began to suffer. He then, in winter weather, found the calves of his legs very irritable, and affected by spots which were aggravated by scratching. Afterwards, his thighs, in their outer and posterior parts, became affected; and then it spread in greater or less degree to the entire surface. From that time to the present, he has suffered with varying degrees of severity every winter. He assures me that in summer he is perfectly well, but he dreads the first advent of cold weather. It is not always the coldest weather which makes him worst; for, if it be cold, dry, and clear, without wind, he does not suffer so much. Wind and draught are his chief enemies, and they make his skin creep and itch all over. He has been obliged to adopt all sorts of precautions to diminish the influence of cold; wears washleather next his skin and woollen over it, and high Wellington boots for the protection of his calves. He sleeps between blankets, fearing lest the cold sheets might induce the prurigo and keep him awake. By these expedients, he keeps himself in a state of tolerable comfort, and has usually very little to show on his skin. When seen in March 1873, we noted that there were a few scattered black blood-crusts, but no papules, and no long excoriations from scratching. The same was the state of things in December 1875. During the intervening summers, he had been perfectly well. I must ask you to keep in mind, as to this patient, who is a good example of the class which affords the subjects of winter-prurigo, that he is thin, chilly, bilious, and has a feeble circulation. With the exception of advising the use of a tar-wash to all affected parts, I was unable to do more than counsel, in the way of precaution, sedulous attention to the class of expedients which he was already in the habit of using. He had previously consulted several specialists, but with no definite result. It was clearly a case for management, rather than for drugs.

The severe and lifelong form of prurigo described by Hebra, and for which he has claimed the name to the exclusion of all others, has the peculiarity of being made worse by cold. It is not impossible but that the severe Vienna winters, and the biting character of the winds to which the Austrian capital is liable, may account for the apparent fact that prurigo assumes there features much more formidable than those which attach to it in London. In another lecture, I shall show that we do not in English practice meet with many cases which fit well with Hebra's descriptions. Our chronic cases either are made better by winter, or, if the reverse, have not begun in childhood: two points which are amongst the more distinctive features of Hebra's disease. In this instance, you will see that the man, now forty-five, began to suffer for the first time in his life at the age of thirty. Nor have his sufferings from the disease ever in the least approached Hebra's description; nor, although his tendency still persists, does there seem reason to apprehend its increase.

The case which I will next read to you corresponds very closely to the Vienna type, except in its minor degree of severity.

Prurigo in an Old Man more or less since Childhood: the Eruption aggravated by Cold.—James Colebrook, aged 66, was under care at the Hospital for Skin-Diseases for a year and a half in 1872-73, on account of prurigo of varying severity. The parts affected were the sides of the neck and insides of the thighs, with a few spots at times on the forearms. The eruption was not copious at any time while under observation. At one time, there was an eczematous patch above the ear. On inquiring as to the duration of his malady, he told us that from early life he had had an irritable skin. In boyhood, he often used to scratch the insides of his thighs till they bled, and also frequently suffered from what he thought was nettle-rash; the latter form of eruption he used to attribute to bites of fleas, gnats, etc. He never could bear flannel next his skin. His prurigo had always been worse in winter than summer, and was worst of all during one winter that he spent in Quebec, where the cold was intense. With regard to time of day, he stated that his itching was generally worst just after getting up in the morning. In respect to treatment, he said he had once derived some benefit while under medical care in Belgium. He had often suspected that he had lice, and had looked for them repeatedly without success; and there seemed no reason for suspecting their presence while he was under care. He said that bugs did not annoy him particularly. It seemed probable that he had transmitted an irritable condition of skin to some of his children, for two of them were said to have had bad "scald-heads" at the age of two or three years. The treatment used for this old man did not have much effect on his very troublesome

skin-disease. Temporary improvement was followed by fresh crops of papules; and at his last visit in October 1873, it is noted that a fresh outbreak had occurred. I have not been able to learn anything about him since then. It is probable that the prurigo on the thighs was aggravated, and to some extent kept up, by the presence of large varicose veins in that part; but this condition had not been present until long after his disease had become established. The treatment was much varied, the most constant element being the lotio sulphuris, which was continued throughout the greater part of the time. The tar-lotion was tried for a short time, but apparently did not suit, as it was soon changed again for the sulphur.

Winter-prurigo in its milder forms is, I suspect, a very common affection; and not a few who read this lecture will probably, from personal experience, be able to confirm my description of it. It is not, however, very often that it rises to such a degree of severity as to induce its subject to seek medical advice. In certain cases, it acquires a very troublesome complication in a tendency to eczema, as well as in liability to irritation, not only from cold, but from the very measures likely to prevent its influence. When a prurigo-patient is unable to wear flannel on account of the aggravation caused, and unable to come near a fire for fear of exciting eczema, his case becomes very difficult to manage. Such a case is at present under my observation. The gentleman who is its subject tells me that in boyhood he suffered from somewhat irritable skin, and that he well recollects having the popliteal spaces cracked and sore every winter. He believes, however, that this was caused rather by standing with his back to the fire, than by cold. His mother had psoriasis, and at least one brother suffered severely from eczema; whilst several of his children have had slight forms of the latter. He is himself, like the subject of my first narrative, thin, bilious, of feeble circulation, and liable to suffer much from cold extremities. In boyhood, the change from summer to winter clothing always annoyed his skin, but it was not till middle life that the cold itself began to cause prurigo. For the last five winters, he has been liable, with the first onset of cold, to prurigo on the legs and some other parts, and with gradually increasing severity; and during the last two he has been obliged to keep at a distance from fires, on account of the smarting and tendency to eczema which fire-heat always causes. Formerly, he used to roast himself with impunity. Being engaged in avocations which compel him to mix much with the poor and dirty, he has once at least had scabies, and on several occasions been temporarily troubled by lice. Although these have always been quickly got rid of, yet they have occasioned extreme irritation; and he believes that these accidents have had their effect in augmenting the permanent irritability of his skin. He is always quite well in summer, with the exception that now and then, in consequence, apparently, of excessive perspiration, he has had eczema between the nates and on the inner sides of the thighs. There appears reason to fear that, in his case, both the eczematous and the pruriginous liabilities are likely to increase, and that the utmost care will be requisite to prevent his becoming severely affected. Washing with the tar-lotion, applications of boracic acid ointment, and the use of abundant warm clothing (from the irritation of which the skin is protected by silk or some soft material), seem to be the most helpful measures.

I have been careful to mention to you all the little details of the symptoms and supposed causes at work in these cases, because it is only by the correct appreciation of these that we can in any degree understand them. Winter-prurigo is not so much a disease as a liability. It is by a susceptibility to annoyance from slight and common sources of cutaneous irritation, which do not hurt the majority, that its sufferers are characterised; and it is by obviating these that we must hope to cure them. As to the efficiency of any internal remedies, I really have nothing that I can say with any confidence. Several of my patients have thought themselves better whilst taking arsenic; but, as one of those who spoke most definitely on this point afterwards told me that the homœopathic "*arsenicum*" suited him yet better than my prescription, I felt obliged to distrust his evidence. Let me insist that the utmost care is necessary in accepting conclusions on this point; for the disease varies with every change of wind, and may sometimes disappear spontaneously when mild weather suddenly succeeds to cold. As regards tonics and dietetic measures, I have but to say that the more you can invigorate your patient, and especially the more you can fatten him, the less will he suffer from cold and the prurigo which it induces.*

* Since this lecture was in the printer's hands, I have been informed by my friend Dr. Hilton Fagge that Dr. Duhring of New York has carefully described the same malady. I have not had time yet to seek Dr. Duhring's paper; and prefer, with this acknowledgment of his priority, to leave my statements just as they had been written. He has proposed for it, I believe, the term winter-pruritus, or pruritus hyemalis.

ABSTRACT OF NOTES OF A CASE OF REMOVAL OF THE ENTIRE OF THE RIGHT PARIETAL AND HALF THE FRONTAL BONE.*

By JOHN R. HAYES, M.D., Tralee, co. Kerry.

ON the night of May 24th, 1874, Mrs. S., aged 32, was found insensible, lying on her right side, with her face and head on the hearth, in which there had been a turf fire, then nearly extinguished. How long she had lain there no one could tell. She had been seen under the influence of drink about seven o'clock P.M. She is supposed to have sat on a low seat near the fire, and to have fallen off insensible. She was found in the above-mentioned position about eleven o'clock, when I was called to see her.

I found her unconscious, with a quick weak pulse, about 120. The upper and centre parts of the right cheek were of a yellowish grey colour, and quite callous; both eyelids of the same side were reddened and vesicated. The eschar extended upwards between the ear and eye, involving the parietal and frontal bones. The integument was charred, the bone appearing without any covering to an extent of an inch square; half the forehead was also covered with an eschar; and the entire scalp from before backwards was extensively burned. Part over the parietal bone remained adherent; posteriorly there was a charred surface extending to the lambdoid suture. I cleaned off the ashes which covered the injured parts, removing the hair; administered a stimulant, and had the burned parts dressed with Carron oil. During this time she remained unconscious.

The following morning, consciousness had returned. I found her greatly depressed, the pulse quick, but small and weak; she was free from pain. I renewed the stimulants cautiously. About the third day, reaction set in, and the pain increasing rendered her sleepless. I gave occasional doses of opium, allaying the pain. Gradually she became calmer, and the stimulants were omitted.

In about ten days the inflammatory symptoms subsided, her appetite improved, and the pain entirely left her. Her pulse was 80. A slough appeared all round the edges of the eschar. I had this dressed with carbolic oil. The discharge decreased, and the vesicated parts began to cicatrise.

In about sixteen days, she suddenly became delirious, with nausea and occasional vomiting. Paralysis set in on the left side, the arm and leg only being affected; the face was not engaged. The pulse became weak and quick. She could take no food, but was able to

Fig. 1.—Appearance after removal of bone.

retain her drinks. These symptoms slowly passed off, in about ten days her strength returned, and her appetite improved.

On July 1st, about five weeks after the receipt of the injury, the upper part of the ear had sloughed away; the vesicated portions were

* Read before the South of Ireland Branch.