which it has been employed and the results watched, to rapidly reduce the number of chinks, to reduce their intensity, and finally to lead to the cure of the disease." This last word "cure" is a bold one, but if the first and second propositions are held to be proven, then there can be little doubt that it is properly used. For if there are no other diseases *cured*, yet certainly those which are due to the irritation of a parasite are cured when that parasite is destroyed.

Lastly, the mode of application by means of a brush or swab is not the only mode in which it may be made; perhaps by some of the recently used instruments for applying medicated spray to the interior of the larynx and the adjacent parts of the throat (as that recently described by Dr. Miller of Windsor and by Dr. Hodgkinson) it may be applied yet more effectually than by the methods adopted by Professor Moncorvo and myself. And, again, it is not finally proven that resorcin is the best application that may be found. Perhaps in its near congener, orcin, we may have a still better agent for this purpose, for we find in a note by J. J. Andeer in the *Gazetta Medica Italiana-Lombardia* of July 4th, 1885, that "Orcin possesses almost all the physical properties of resorcin; but while the latter is caustic in large doses, orcin is never more than astringent and antiseptic." This seems to point the way to further experiments, but meanwhile I ask my readers to put to the proof the facts I have placed before them, and to make from them the deductions to which they lead. To guard against misunderstanding, I wish to add that, while sharing to a very large degree in the opinions so strongly asserted by Professor Moncorvo, I am not to be taken as denying that blood changes are an essential part of the pathology of this disease; nay, I am inclined to believe that some such changes are necessary to produce the peculiar pabulum for the parasitic germs, and that it is not improbable that some such change is a frequent result of attacks of measles and scarlatina, both of which evidently produce very marked effects upon the tracheal, bronchial, and pharyngeal lining.

ON A CASE OF URTICARIAL ASTHMA.

By T. DAVIES PRYCE, M.R.C.S., &c.,

RESIDENT SURGEON TO THE NOTTINGHAM DISPENSARY.

JAMES R—, a lad aged sixteen, was admitted an out-patient of the Nottingham Dispensary on Oct. 19th, 1885, suffering from symptoms referable to a phimosed condition of the prepuce. He was at that time a fairly well nourished boy, and had been subject to no other diseases than those incident to childhood—i.e., measles, &c. On the 28th he was operated on for phimosis. When seen on the 30th, there being a swollen condition of the penis, a linseed poultice was ordered. Shortly after the application of this poultice the patient complained of great irritation, itching, and tingling of the skin, first over the part to which the linseed had been applied, and subsequently over the whole surface of the body. This was followed by an eruption of urticaria, which, starting on the abdomen, extended to the head and neck and other parts of the body. Simultaneously with this cutaneous eruption—and even with the irritation which preceded it—the patient experienced considerable difficulty in respiration, which increased in direct proportion to the amount of the urticarial rash, developing into actual dyspnoea when the eruption attained its height. This condition continued for nearly three hours, with fairly marked intermissions both as regards the rash and the difficulty of breathing. The cessation of the dyspnoea was followed by slight expectoration. The rash and the asthma coincidentally subsided. Another attack occurred at 5 P.M. on the same day, lasting three hours. On the 31st similar attacks occurred at 11 A.M. and 5 P.M. He was seen when recovering from the morning illness. An inspection of the oral and nasal mucous membrane was omitted. On Nov. 1st the same condition was present. The patient had had three attacks during the course of the twenty-four hours. On the 2nd the dyspnoea and urticaria were as before. On the 3rd he was visited at 11 A.M., and found to be covered with an urticarial rash of characteristic appearance and suffering from a typical attack of asthma. The patient had to be supported in the sitting posture, and exhibited the

usual signs and symptoms of an asthmatic attack. The pulse was small, quick, and feeble, beating 120 to the minute; the temperature 100°. The mucous membrane of the nasal and oral cavities was carefully inspected, and was found to be swollen and red in places. These swellings in some parts were diffuse, in others they possessed a more or less circumscribed border. They could be seen on the posterior wall of the pharynx, and also on the soft palate. Had it been possible to use the laryngoscope, I have little doubt that they would have been discovered in the larynx. The voice was subdued and husky, the patient only being able to speak in a hoarse whisper. The patient had a similar attack during the following night. He was ordered a saline with arsenic, after which there was no recurrence of the rash and dyspnoea.

The family history was good: no account of asthma, phthisis, or neurotic tendency. I believe from the foregoing details that most observers will agree with me in terming the disease now under consideration "urticarial asthma."

This case is of interest in more than one respect. In the first place, it brings clearly to the front the fact that sometimes asthma may be caused by the presence in the mucous membrane of the respiratory tract of swellings of an urticarial nature, they bearing a strong similarity to those which simultaneously appeared on the cutaneous surface. Secondly, the fact that urticaria and asthma may occur as one and the same disease, or as one and the same external expression of a certain condition of the blood or nervous system—as evidenced by the similarity of the eruption, and by the simultaneous appearance of both these phenomena—induces the consideration of the great resemblance which exists between these two diseases. Thus, with regard to causation, asthma (peptic variety) may result from taking certain articles of food, from indigestion, &c.; so may urticaria. Mental emotion, various irritations, and uterine affections may alike cause asthma and urticaria. The periodicity of attack in asthma and urticaria is sometimes marked. Both diseases are evidently of a neurotic nature. Thirdly, cases of urticarial asthma may be looked upon as occupying an intermediary position, in reference to the seat of the disease, between hay and so-called ordinary spasmodic asthma. Thus, in the case described the disease was located not more or less exclusively in the nasal cavities and pharynx, but evidently extended some considerable distance down the bronchi, as shown by the ordinary signs of spasmodic asthma. Fourthly, with regard to the cause of the attack, the operation for phimosed prepuce or the application of adulterated or impure linseed seem to me the most probable. Looking at the above considerations, one is led to inquire whether many of the cases of so-called spasmodic asthma are not due to swellings of a more or less circumscribed character of the bronchial mucous membrane, which bear a greater or lesser resemblance to the eruption of urticaria. This view (i.e., that asthma is a neuro-vascular disease) has been strongly insisted upon by Sir Andrew Clark¹, and also to some extent by Weber. Cases such as the one above described, and the consideration of the close alliance which in many respects exists between urticaria and asthma, seem to lend support to Sir Andrew Clark's theory.

THE CASE OF EDWIN BARTLETT.

MERCURIALISM; DEATH FROM LIQUID CHLOROFORM;
NECROPSY.

By ALFRED LEACH.

THE case "Regina v. Bartlett and Dyson,"² which under the name of the "Pimlico Mystery" attracted its full share of popular attention and sensational interest, presents problems of permanent interest to medical psychologists, jurists, and practitioners. I shall endeavour to set forth the medical history of the several features of the case as fully as possible and for purposes of study, and, to the best of my ability, will let my facts stand clear of the shadow of my inferences.

¹ Opening address on Asthma at the Cambridge meeting of the British Medical Association: "Theory of Bronchial Asthma." (International Journal of the Medical Sciences, Jan. 1886.)

² A full report of the trial appears in the Central Criminal Court Sessions Paper, vol. ciii., part 618, pp. 725-811, published by Messrs. Barnett and Buckler, of 89, Chancery-lane, to whose courtesy I am indebted for the use of an advance proof for the purposes of this article.