patient complained of dimness of sight in the left eye, the episcleral vessels were injected, and marked photophobia was experienced; the pupil was sluggish, and the iris discoloured and dull. The vesicles were nearly healed and the pain less; the swelling of the face was extending to the cervical region. I ordered a lotion composed of three grains of alum, five grains of extract of belladonna, and three minims of a 5 per cent. solution of cocaine to an ounce of water; to be used frequently. On the 9th there were no fresh vesicles; the swelling of the parotid gland had disappeared, and the iritis was better, but there was ptosis of the left side. By the 12th the vesicles had practically healed, leaving scars; the swelling had quite disappeared, and slight fulness only was noticeable over the malar bone, but the pain had ceased; the iritis was gradually disappearing; the pupil was still sluggish; and the photophobia was gone. On the 14th the swelling had disappeared, there was neither fulness nor pain anywhere, the iritis was gone, the pupil on the left side was larger than that on the right side (probably due to the cocaine and belladonna), but ptosis was still marked. I ordered the discontinuance of the cocaine lotion and replaced it by another composed of two grains of sulphate of zinc to an ounce of water. On the 20th both pupils were of equal size, and the ptosis had nearly disappeared. On the 24th the ptosis was gone, and the patient was well in every way.

Remarks.—I have never read of anything quite similar, although in a case recently published in THE LANCET¹ mention was made of a case of herpes accompanied by Bell's paralysis; but here (in the above case) the paralysis was wholly confined to the upper eyelid, and whistling, showing the teeth, frowning &c., were all possible and performed with the same facility as on the unaffected side. I look upon the dilatation of the pupil as being due to inflammatory changes following the iritis, not as a paralysis. As in most cases of herpes of the face, scarring followed, although every precaution was taken to prevent it. The acute pain over the situation of the facial nerve continued some time after the vesicles had ceased to appear, showing, no doubt, that a somewhat acute neuritis had been set up in the first instance. How to explain that ptosis was the only sign of paralysis present is difficult, although at first sight the very severe eruption over the forehead, eyebrow, and upper eyelid—in fact, its limited situation—might account for it, but it does not seem justifiable in my opinion when notice is taken of the several other seats of pain.

Shanghai.

HERPES ZOSTER AFFECTING THE FRONTAL AND DORSAL REGIONS SIMULTANEOUSLY.

By T. R. BRADSHAW, B.A., M.D., M.R.C.P.,

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IGNORANCE still prevails as to the primary exciting cause of herpes zoster, but there are few diseases whose symptoms and progress are marked by so great a uniformity, and whose natural history is so well known to us. One of its most constant features is its localisation in some definite region of the body, either in the distribution of a single nerve root or, rarely, of two adjacent roots. The simultaneous occurrence of facial and dorsal herpes is so unusual that the following instance of it seems to be worth putting on record.

A man forty-five years of age came to the medical out-patient room of the Liverpool Royal Infirmary on June 14th, 1894. He stated that three days previously he had been attacked by pain in the left side, and on the following day with pain in the left frontal region. He presented an abundant herpetic eruption on the left side of the thorax, about the level of the third intercostal space, the vesicles reaching forwards as far as the sternum, and backwards so as just to transgress the middle line. They were also plentiful on the inner aspect of the arm, down to about three inches above the bend of the elbow, and there was a small patch just above and another just below the joint. Apparently the second dorsal was the nerve affected. A similar eruption was also present on the left half of the forehead, reaching upwards and outwards as far as the hairy scalp. There was a vesicle on the upper eyelid near its free edge. The conjunctiva was much inflamed and painful, and there was a vesicle on its ocular portion, situated about an eighth of an inch externally to the cornea.

I saw the man again about a fortnight later. There was some scarring both of the face and chest, but there was no injury done to the eye, and no great pain was felt anywhere. The only case I have found recorded in which frontal and dorsal herpes were present together is one by Mr. Hutchinscn in the London Hospital Reports.¹ In this case the right side of the chest and the left side of the forehead were the parts affected.

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HERPES ZOSTER CAUSED BY MENTAL DISTURBANCE.

By ANTONY ROCHE, M.R.C.P., M.R.C.S. IREL.

THERE are few diseases more interesting from a physiological point of view than herpes zoster—the common shingles. Looking over my note-book, I have been struck with the frequency of its occurrence after some cause producing mental depression or anger. I find this has been noticed by others. Bateman says: "Like erysipelas, it has been ascribed by some authors to paroxysms of anger." Schwartz saw three cases which followed violent fits of passion. I have noted the following cases. 1. A woman suddenly received the news that her husband had been ordered to India. The next morning the herpes was noticed on her left side. 2. An old man learned that a firm in which he was interested had failed. That evening the spots appeared on his left side. 3. A woman was much distressed at the sudden illness of her son. On the following morning the herpes had appeared. 4. A child six years of age, of remarkably equitable temperament, was disobedient and sent to bed. She cried very much, and the next morning the herpes was noticed on her left side. 5. Recently a woman consulted me whose only son was shortly to be married. She complained of pains in her left side and a rash, which was that of herpes. She herself ascribed the rash to grief at the parting from her son. I do not know whether it would be right to say *post hoc ergo propter hoc* in all these cases, but I do not think it would be unreasonable. There are many examples of mental disturbance producing sudden trophic changes.

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SIX CASES OF TRACHEOTOMY FOR DIPHTHERIA TREATED BY ARONSON'S ANTITOXIN DIPHTHERIÆ.

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By the courtesy of Sir William Broadbent and Dr. Cheadle, I am able to give the results of the following six cases of tracheotomy for diphtheria in which Aronson's antitoxin diphtheriæ was used. They occurred during the past two months, and were apparently on admission cases of ordinary severity. Tracheotomy was performed on admission in every case except one, in which we were able to postpone it for twenty-four hours. No antiseptics were applied to the pharynx, but the wound was sprayed with a solution of perchloride of mercury (1 in 1000). The ages were respectively (a) eleven months, (b) five years, (c) six years, (d) one year and seven months, (e) five and a half years, and (f) seven years. With the exception of (a) the infant of eleven months, they all made a rapid recovery. After the fourth or fifth day the membrane, which previously had come up abundantly through the wound, ceased and the wound was allowed to close. In none of the cases did the wound become unhealthy, neither was there any cellulitis of the neck, although on two occasions the neck showed signs of swelling the morning after the operation. A striking feature of the cases was that by the third or fourth day after the operation the patients' general condition had completely changed. They were bright, took interest in their surroundings, and played with their toys.

With regard to the fatal case, the infant was only eleven months old, and was moribund when admitted. The operation was performed without an anæsthetic, the patient not stirring, and death occurred the following morning. A necropsy showed that the membrane extended into the secondary divisions of the bronchi.

The proportion of recoveries at this hospital during the

¹ THE LANCET, May 5th, 1894.

¹ Vol. iii., p. 72.