place and the uterus and bladder remained between the thighs for a week before advice was sought. They were then replaced and kept in fair position by a mechanical support. Comparative comfort was thus attained, but the strain of walking with crippled joints somewhat interfered with the usual result.

On May 29th, 1898, quinine solution was injected into the broad ligament on either side of the uterus. The full dose was not received as the syringe leaked. The after-rest was imperfect owing to a disturbance of the household by an epidemic of measles among the grand-children. Yet at the end of two months the patient got up with a perfectly fixed uterus. For many months she walked in her struggling way without the least discomfort from prolapse and then cystocele occurred. About Christmas-time the uterus prolapsed slightly and on Jan. 15th, 1899, a supplementary injection of quinine was given in the broad ligament. Since that date the comfort has been perfect. The patient wears a watch-spring rubber ring to support the cystocele, but the uterus remains firmly fixed with its axis in that of the inlet of the pelvis. The perineal structures are absolutely lax but the uterus hangs upon its new supporting bosses which can be readily felt high up in the pelvis. As the patient walks she puffs and groans till her face becomes cyanotic, but even this strain does not displace the uterus. The patient was last seen on June 8th, 1899.

Considering that the patient is badly fed, that she has little comfort in her home, and that she earns her scanty subsistence by attending to, and often lifting, her three grand-children the result is eminently satisfactory.

Guernsey.

MULTIPLE NEURITIS THROUGH NECROSIS OF THE LOWER JAW CAUSED BY AN ILL-FITTING DENTURE; EASY REMOVAL OF SEQUESTRUM; RAPID RECOVERY.

BY MONTAGUE D. MAKUNA, M.R.C.S. ENG., L.R.C.P. LOND.

THE patient, a female, aged 25 years, had suffered from facial neuralgia on and off for years past. In 1894 several decayed teeth were removed and she wore a denture which was ill-fitting. Subsequently a few more teeth decayed which were extracted and she wore another denture equally bad. She could not be persuaded to leave off wearing the denture and thus made herself a martyr to pain, resulting in insomnia, mental irritability, anorexia, and loss of body-weight from 11 st. in 1894 to 6½ st. in October, 1898. She consulted me on Oct. 10th last for motor paralysis, hyperæsthesia, wasting of the left upper limb, and swelling of the right side of the lower jaw from the external oblique ridge to the symphysis. She had four fairly good lower incisors, but the two canines were much decayed by the clasps of the denture and there were four decayed molars in the upper jaw. She was compelled to give up the denture. From Oct. 12th to Nov. 5th she received fifteen sittings of combined electric current. She was put on liquid diet with digestives, and hæmoglobulin, cod-liver oil and hypophosphite emulsion, and phosphide of zinc were administered in succession. She also received anodynes and hypnotics. The tenderness of the upper limb gradually disappeared, and by the middle of November she regained motion and the muscular structure showed signs of filling in. She was also relieved of neurotic symptoms from other parts of the body. Simultaneously with this constitutional treatment an incision was made along the right alveolar border of the lower jaw, reaching to the osseous surface, eucaine being used as an anæsthetic, and some purulent discharge was evacuated. The cavity was daily syringed with carbolic acid lotion and an antiseptic mouth wash was used. Notwithstanding the swelling rapidly increased and caused intense pain. Four leeches were applied externally, giving temporary relief, followed by purulent discharge through one of the leech bites. Shortly afterwards the sequestrum could be felt by a probe loose in its cavity. On Dec. 1st three grains of eucaine in solution were injected along the alveolus and the discharging cavity was enlarged. The sequestrum was drawn up by the forceps and was removed from the cavity by the patient with her fingers. Still the

necrosis kept on creeping towards the symphysis. Profiting by the experience of Sir J. Tomes¹ I adopted "a less conservative line of treatment" and removed all the teeth, with the result that the purulent discharge ceased and the pain and swelling subsided. The so-called hysterical symptoms disappeared and appetite and sleep were restored. After a gradual decline in health and weight for five years the patient regained her weight in three months, weighing 11 st. in April last. It is needless to state that during her prolonged illness she had been treated for many ills that flesh is heir to and had swallowed as many patent nostrums as she could get. The case is remarkable for the long-suffering of the patient, the easy removal of the sequestrum, and the rapid recovery.

Treherbert.

"ON THE EFFECTS OF PRIMULA OBCONICA ON THE SKIN."

BY E. A. BARTON, L.R.C.P. LOND., M.R.C.S. ENG.

I OBSERVE that the subject of the irritation caused by handling the *primula obconica* is again drawing some attention and I venture to think that a case of this nature which came under my care a year or so ago may be of interest.

A gardener came to see me complaining of irritation and swelling of his eyelids which were so great that he could hardly see. His penis, he said, was painful and swollen and there was a troublesome rash on his hands. Three months previously he had had a similar attack, though not so severe, and on questioning him closely he admitted that at that time he had much to do with *primulæ*, of which he had a large number in pots. Nearly a week before the present attack came on the patient had moved all the *primulæ* from one hot-house to another, and among them were many specimens of *primula obconica*. In the present attack the eyelids and penis swelled before the eruption on the hands appeared, though this followed a few hours afterwards. The irritation and itching were almost intolerable. He had a habit of rubbing his eyes when at work. On examination the lids were very œdematous, especially the lower ones, and were shining and tense. The penis was enormously swollen with œdema, especially round the frænum and foreskin. The hands showed an interesting condition. They were hard and horny from manual work but the forefingers and thumbs more especially on the dorsal aspect were œdematous, red, and violently inflamed, the eruption extending over the radial half of the back of the hand and fading away toward the base of the little finger. The eruption consisted of discrete papules and small vesicles scattered pretty thickly on a very inflamed red area which covered nearly all the dorsum of the hand, fading at its edge into healthy skin at the wrist and ulnar edge of the hand. On the eyelids and penis the papules were much fewer and more scattered. The patient was not much surprised when I told him the cause of his trouble as he was aware that some of the *primulæ* were "poisonous."

In ten days he was practically well and in the meantime he brought me some leaves and flowers to examine. I removed some of the hairs from the leaves and examined them microscopically in glycerine. I found that most of them ended in a fine horny point between which and the main trunk of the hair were some transverse markings or, as I imagined, planes of fission, and I think it not unlikely that the eruption is caused by the penetration of this fine point into the skin where fracture takes place, the point being left in the dermis. This would account for some of the irritation, but it is open to question whether the inflammation is more violent than could be accounted for by simple irritation from this cause. It is conceivable that, as in the jequirity seeds, there may be some irritative ferment contained in the hair ends. Another curious fact and, I think, one worth notice is that occasionally there is a long period between the contact of the leaves and the eruption. Dr. Kirk on one occasion when experimenting *in corpore vili* passed ten days before the rash appeared, and in the above case there was, so to speak, an incubation of a week.

Cheniston-gardens, W.

¹ A System of Dental Surgery, p. 440.