that it appears to be one of a class of rare cases which have been described by Dr. Henoch of Berlin. (For this reference I am indebted to Dr. Donkin.) Henoch says: "In recent years I have seen two cases of extensive hæmorrhage into the skin, both of which were rapidly fatal. I have termed them 'purpura fulminans.' A third case was communicated to me by Dr. Michaelis, and a fourth has been published by Charron. All these cases had this in common—that hæmorrhage from the mucous membranes was wanting, and that extensive ecchymoses, from which within a few hours all the extremities became of a blue-black-red colour and the skin tolerably hard from infiltration of blood, occurred with great rapidity. In two cases there were sero-sanguineous blisters on the skin, which blisters never became gangrenous, or even stank. The course of these cases is very rapid, scarcely twenty-four hours elapsing between the first appearance of the blood spots and death. The longest case lasted four days. There were no complications, and post-mortem examination, with the exception of general anæmia, gave negative results; in particular there was no trace of embolism or thrombosis. The etiology is as obscure. One of my cases showed itself two days after the complete crisis of a pneumonia, the other a week and a half after a very mild scarlatina. For the two other cases no etiology could be suggested."¹ Henoch adds in a footnote that two similar cases have been observed by Ström and Arctander, one of which followed a scarlatina, and according to Heroé three quite similar cases have been published by Guelliot.

ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

CROSS-LEGGED DEFORMITY; OPERATION; GOOD RESULT.

(Under the care of Mr. FREDERICK PAGE.)

RECORDED examples of the cross- or scissor-legged deformity resulting from ankylosis of the hips in the adducted position are few. The better recognition of the principles of treatment and the increased facilities for obtaining treatment in cases of disease of both hip-joints make it improbable that the deformity will ever be otherwise than rare, disease affecting both hips being of itself a rarity. Most of our readers will remember the account of

the deformity in the patients under the care of Mr. Lucas, who brought the condition to the notice of the profession in 1880,² and the description of Dr. Tuson's³ case published in

the following year. The eversion of the limbs, which was such a marked feature in those cases, does not appear to have been present in the patient whose history is here given. For the notes of this case we are indebted to Mr. J. Hindhaugh, house surgeon.

J. B—, a schoolgirl aged thirteen years, was admitted in August, 1890, suffering from cross-legged deformity due to ankylosis of both hip-joints. Six years ago she was confined to bed for eight months by an attack of acute inflammation of both hip-joints, and during the illness the deformity arose. The engraving fairly represents her condition on admission. The legs could not be separated, and in consequence the child was much inconvenienced. She was in good health. On Aug. 21st the neck of the right femur was subcutaneously divided with Adams' saw, and the leg straightened. The neck of the left femur was similarly divided, but the limb could not be straightened until the origin of the adductor longus was severed. The legs were then secured in a box splint with starched bandages. The wounds healed at once, without any constitutional disturbance. In six weeks the splint was removed for the first time, and the result, as shown by the following engraving, leaves little to be desired.

Remarks by Mr. PAGE.—Cross-legged deformity, from ankylosis of both hip-joints, is fortunately rarely met with, and its treatment is not always satisfactory. In this case the patient's condition has been materially improved. She walks less awkwardly and much more readily than she did before the legs were straightened, and in other respects she is in a more satisfactory condition, though the hips are still ankylosed, and there is slight genu valgum on the right side.

LONDON COUNTY LUNATIC ASYLUM, HANWELL.

A CASE OF SUICIDAL EPILEPSY.

(Under the care of J. PEEKE RICHARDS, M.R.C.S.,
Medical Superintendent, Female Department.)

THE presence of certain definite coördinate movements which arise while the patient is in a state of epileptic unconsciousness is a point of peculiar interest in this case. She does not continue what she may happen to be doing before the onset of the petit mal, as is usual in such cases, but commences an entirely new act, the whole end and object of which has always been self-injury or destruction. Moreover, these movements are always preceded by a state of muscular relaxation (which sometimes commences with very slight spasm) which invariably renders the patient helpless and

¹ Kinderkrankheiten, fünfte Auflage, p. 810, Berlin, 1890.

² THE LANCET, vol. ii. 1880, pp. 696, 1009.

³ Ibid., vol. i. 1881, p. 700.

causes her to fall if going about, this again differing from the common forms of *epilepsia mitior*. It is, perhaps, fortunate that up to the present her unconscious impulses have always been directed towards suicide. Had they been homicidal, it seems not impossible that a serious medico-legal question might have arisen in regard to them. As she often makes very definite plans for self-destruction there is no reason to doubt that, had she been homicidally inclined, she would have done the same thing, and in such a case, although totally ignorant of, and therefore irresponsible for, her actions, there would have appeared so much method in her madness as to render the proof of her innocence a very difficult, if not impossible, task in a court of law and before the public. It is also interesting to note the unusually prolonged duration of a state of quiet, calm, unconsciousness which is nearly always a marked feature of the attacks of *petit mal* in this patient. During the intervals between her fits, and at such periods as they are few in number, she shows not the slightest indication of a suicidal intent. She is occasionally low-spirited and depressed, but this is exceptional at such times, and her normal state seems to be bright and cheerful. For the notes of the following case we are indebted to Dr. Percy J. Baily, under whose immediate charge the case is.

Clara H—, a female aged twenty-eight years, was admitted into the London County Lunatic Asylum at Hanwell on Aug. 7th, 1890. The following are the notes of her condition on admission: Body well nourished; weight 8st. 12lb. Her general appearance gives one the impression of a rather low type of development. Complexion dark; temperament nervous, with an admixture of the bilious and sanguine. Tongue dirty; pupils normal; irides dark brown. Pulse regular, soft, but full; 84 beats per minute. There is a mitral systolic bruit, and on the left side of the chest a little pleuritic friction. Temperature nearly 99° F. Skin moist; urine free from albumen. Mentally she seemed bright and cheerful, said she did not feel ill, and for some time spoke in a rational manner. Before long, however, her attention commenced to wander, and her talk became a little disconnected. She was evidently able to exert for a short time an effort of will over herself sufficient to concentrate her attention upon the matter under discussion, but her power of inhibition was so small that it soon became exhausted, and she began to express delusions about her husband and children. She is one of a family of eighteen, and she inherits insanity. Her education is plain. She has always been a little imbecile. Her sleep has been good, and her habits temperate. Bodily health always indifferent. Menstruation irregular. She has been subject to fits since she was fourteen years old. Her father and eleven sisters died of phthisis. Since her admission she has had several slight attacks of hæmoptysis. Her epileptic fits have been very frequent, amounting on one occasion to as many as 171 in twenty-four hours. During the first three months of her residence here she had over 3500. She seldom, however, shows any very great exhaustion, a few hours' sleep restoring her wonderfully. For some time after her admission the majority of her attacks affected chiefly the consciousness—in other words, they were attacks of *epilepsia mitior* or *petit mal*. They lasted from five to ten minutes, and were generally accompanied by some slight convulsive movement of the arms and neck. She rarely made a faint cry at the commencement of an attack, but never called loudly; if going about she would fall down. It was thought that she never had an aura, as she gave no warning before the actual onset of the first stage of the fit. If she happened to be spoken to shortly before the approach of an attack, it was sometimes possible to notice a slight alteration in her manner, her cerebration appeared to be slowed, she did not seem to comprehend what was said to her, and, either from this reason or because she was not able to frame her words, she would not answer when addressed. This condition of semi-consciousness usually lasted only a very short time (two or three minutes), but passed into a state almost resembling coma, either with or without the slight convulsion above mentioned. She would then lie back in the bed entirely free from spasm; her respiration was calm and easy, but a little deeper than usual; her pulse was slightly increased in frequency, and was full, soft, and regular; her pupils were moderately contracted and did not react to light; her corneæ were quite insensible to touch; her skin remained cool, and there was no tendency to any marked increase in the secretion of

sweat; the smaller vessels of the face were contracted, giving rise to a marked pallor. After remaining in this state for two or three minutes the patient sat up, opened her eyes, and began gazing about her as if looking for something. There is every reason to suppose, however, that during this stage of the attack she had entirely lost the sense of sight, as all her actions appeared to be led by that of touch. It was now that the most peculiar features of the case revealed themselves. While still remaining in a state of complete unconsciousness she would go through a series of perfectly coördinated movements, all of which were of a suicidal kind. Taking one of her sheets by one corner in one hand (always the left), she felt about with the other in order to find its borders, and, having discovered these and arranged them satisfactorily, suddenly, by drawing the sheet through the right hand, converted it into the semblance of a rope, and, throwing it rapidly over her head, pulled so vigorously upon the two extremities as most effectually to prevent all possibility of respiration. So determined was she in thus attempting to strangle herself that it was almost impossible for two people to overcome her muscular action and disentangle the sheet from her neck until by partial asphyxiation she became weakened and exhausted. Then followed a slight spasm of the muscles of the gullet, giving rise to a peculiar gulping sound, after which the patient rapidly regained consciousness, waking up as if from a prolonged sleep. She remained for a short time much confused mentally, was entirely ignorant of all that she had been doing, mistook the identity of persons, forgot the names of the nurses by whom she was constantly attended, had no idea of what time of day or night it might happen to be, and could not tell where she was or how long she had been in the asylum. Occasionally she had hallucinations either of sight or hearing or both. She would talk to and about her husband and children as if she both saw and heard them. After her admission the character of the fits gradually changed; she gave up attempting to strangle herself, and instead would end these attacks of *epilepsia mitior* by jumping out of bed and rushing with all her might against a brick wall or other obstacle. In this way her head had received some rather severe contusions, and she has lately varied their termination by attempting to swallow anything within her reach. Being under constant supervision she has not been able to do herself any harm in this way. At the present time most of her fits are of the more usual kind of epilepsy, passing through the stages of tonic and clonic spasm. The former stage is, however, of very short duration, and in the latter the movements are more rapid, as well as being more regular and of less amplitude, than is usually the case in typical cases of epilepsy. After these attacks of *haut mal* she shows no manifestations of the suicidal impulse. Occasionally she is a little restless, but, as a rule, she gives no trouble, and the post-epileptic state presents no peculiarity.

The case remains under treatment. All the usual remedies have been tried without effect. Bromide of potassium made a sensible reduction in the number of attacks, but produced so much depression that its use had to be discontinued. Tincture of *cannabis indica*, commencing with ten-minim doses, appeared to relieve her for some little time; but she so rapidly became inured to the effects of the drug that it was thought unwise to increase the dose to the extent which seemed necessary to maintain its effect.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Malignant Disease of the Oesophagus.—*Symmetrical Periostritis.*—*Hydatids of Liver.*—*Malignant Nasal Polypus.*—*Syringomyelia.*—*Cerebral Syphilis.*—*Supernumerary Nipple.*

AN ordinary meeting of this Society was held on March 17th, the President, Dr. Dickinson, in the chair.

Dr. LAURISTON SHAW showed two cases of Malignant Disease of the Oesophagus. The first was a sarcoma which appeared as an ulcer with well-defined margins, destroying an extensive area of the mucous membrane of the gullet, and perforating the posterior wall of the trachea just above