In conclusion I have to notice a paper,^a lately published by Dr. Salisbury, in which he describes a disease very common in cats, produced by the growth of a fungus, and very readily spreading by contagion to human beings, giving rise in them to a disease very like ordinary ringworm, but differing from the latter so much as to lead Dr. Salisbury to call it "a newly discovered disease," and to give it a new name, derived from its origin, *trichosis felinis*. It affects principally young cats, rarely spreading to their elders. The milk with which the paws and face of kittens are often smeared is believed to furnish a suitable soil for the germination of the fungus. Of human beings children are chiefly attacked. In them the disease spreads in isolated patches to all parts of the surface, often in a few days time. The patches are of various size, circular or oval in shape, slightly elevated above the surface, red and covered with scales and little elevations, marking the position of the hair follicles. The colour of the patches is deeper, and the irritation and itching more severe than in ordinary *trichosis*. The fungi also differ. "In ordinary ringworm (*trichosis furfuracea*) the fungoid cause exists mostly in the spore state. The plant does not advance beyond its cell condition. Its growth seems to be confined simply to cell-multiplication by pullulation. In this disease (*trichosis felinis*) the plant cells multiply by pullulation, and these advance to the filamentous stage of growth." From the drawings of the fungi which Dr. Salisbury gives, the spores are seen to be oval, containing one or two nuclei, provided with buds or off-sets, or occurring in chains. The mycelium is branched, jointed, with cellular interruptions, and contains no granules or spores. These characters are unaltered by the passage of the fungus from the cat to the child. In this respect the cases differ materially from those detailed in the present paper.

ART. VII.—*Cases in Private Practice of more than Ordinary Interest.* By JOHN FRANCIS M'VEAGH, M.D., L.K.Q.C.P.

As I believe it is incumbent upon every physician to bring before the notice of his profession any case that may prove instructive, or

^a A brief description of what appears to be two newly discovered skin diseases, one originating in the cat, the other in the dog. Both cryptogamic and contagious, and both capable of being transmitted from the animal to the human body. By J. H. Salisbury, &c.—*American Journal of the Medical Sciences*, April, 1867, p. 379.

possess any unusual amount of interest, I beg leave to present the following gleanings from notes of cases that have lately fallen under my notice, which many of my professional brethren have witnessed, and which I trust may not be altogether devoid of interest to my readers. The first two cases I believe are unparalleled in medical records, from their more than ordinary complications.

CASE I.—Alarming Cardiac Irritation occurring during Pregnancy—Induction of Premature Labour—Recovery.

I was sent for on the 30th July, 1866, to see a lady, residing in the immediate suburbs, who was, I heard, in a most dangerous state of prostration from some heart attack. It will be better, ere I state her appearance at my visit then, to digress a little, and give an outline of her previous history. She was always a delicate woman, nervous temperament, remarkably fair and interesting. Her father was dead, having succumbed to a hemiplegic attack; her mother living, but very delicate, and of a tuberculemic diathesis. She lost two aunts, by the mother's side, from phthisis, and last year a sister died of the same malady. She has several sisters living, all of whom show unmistakable foreshadowings of tuberculemia. She has been married about six years, and has had three children, two of whom are living and healthy; the third child died early last year from croup. In each of her confinements she has had most severe hemorrhage, but in the last labour, occurring at the full period, I never witnessed a more fearful case of flooding; so much so, that Dr. Denham, who saw the case with me, could not believe that she would rally from it. She always had an irritable heart, but no sign of structural lesion. She never had rheumatic fever or any renal disease. On the day of my visit, she was about entering on the eighth month of pregnancy. I found her propped up in her bed in a most fearful state of distress from orthopnea. The action of the heart was most excessive, one minute violent pulsations, then fluttering, then total cessation for a few seconds, with fainting fits, pulse countless, the rhythm of the heart so deranged as to render neither sound correctly audible; no cardiac dulness, slight fremitus, no appreciable pulmonary congestion, but loud bronchial râles audible with puerile respiration in both lungs, and cardiac impulse every place; bowels free, and kidneys acting freely; urine healthy and not albuminous; no œdema of feet; fetal movements normal; abdomen not much enlarged, even less than would be expected at

the eighth month; no sign of uterine action. There was no assignable cause for her attack, no excitement nor fright, or any mental anxiety, but the attack was rather sudden in its seizure, though she felt a good deal of palpitation for a few days previous to my seeing her. My plan of treatment was at once directed to allay, if possible, the excessive cardiac irritation, and support her strength, resolving for the present not to bring on her labour, both from dread of hemorrhage and her alarming weakness. I gave her large doses of hydrocyanic acid, applied sinapisms to the cardiac region and at the root of the lungs, lavements with assafetida, diffusible stimulants, champagne, ice, &c. In the evening she was a little easier, but could not lie down, so we had to make her as comfortable as we could in a semi-recumbent position for the night. On the following day the symptoms were about the same, only that she had to be placed in an erect position in an arm chair, being unable to bear her former position, for fear of being suffocated. I applied a large blister across the cardiac region, which, she said, on my evening visit, had relieved her a little. For the next three days she remained about the same, but could not get any sleep, and now severe diarrhea set in, which added much to her sufferings.

On the morning of the 4th August, œdema of the lower extremities was visible, and she became more restless, and the attacks of orthopnea more severe. I now had the valuable assistance of Sir Dominic Corrigan in consultation, and he took the greatest interest in the case. He thought with me that in part the cardiac symptoms were induced by her pregnancy; but he was afraid that there was also some pulmonary irritation, such, perhaps, as general softening of a mass of tubercles in both lungs. We debated about the propriety of bringing on her labour; but resolved to wait for some time longer. He ordered her, in addition to the remedial measures I was adopting, the compound spirit of horse radish in doses of a tea-spoonful frequently. During the next three days she was no better, but all the bad symptoms on the increase, œdema increasing rapidly, suppression of urine, excessive perspiration, alarming prostration.

On the morning of the 8th she was almost moribund, delirious all night, and every appearance of approaching dissolution, so much so that all her family took their farewell of her. At 11 a.m., Sir Dominic Corrigan saw her with me, and we also had the valuable assistance of Dr. Denham, and we agreed to give her the only chance of saving her life by inducing, if possible, premature labour. At 12 the membranes were ruptured, but only about a pint of liquor

amnii came away. Up to about 6 p.m., she had scarcely any relief, but soon after she complained of some uterine pain, and expressed as feeling a little relief from her heart. At about 8 p.m., the pains increased, and we were able to carry her from the chair, where she had been propped up for eight days previously, to her bed, where she lay in a semi-recumbent position. At 10 the pains had increased, and on examining, per vaginam, the os was beginning to dilate. After each pain she became excessively weak, so much so that I had to give her brandy as well as champagne freely. At 12 the os was more than one-half dilated, and there was slight hemorrhage. From this until 4 a.m., the labour steadily progressed, and at half-past four she was delivered of a living female child. There was a good deal of hemorrhage, and I thought my poor patient must sink; however, by keeping steady pressure on the uterus, inserting successive pieces of ice into the vagina, and pouring down champagne, she gradually rallied, and at 8 the cardiac irritation seemed much relieved.

During the 9th August, the œdema began to disappear; kidneys acting; fits of orthopnea less, and able to lie down better. Her mind more composed and rational now in every way, asking after her child, &c.

10th. Progressing favourably; all the cardiac symptoms improved. Her little baby died suddenly this morning in convulsions. For the next week matters went on comparatively well, only that she seemed so exhausted, despite all dietetic and remedial means adopted to support her strength; and now, to add to her danger, most fearful perspirations set in. I never witnessed anything to equal them, not even in the worst cases of articular rheumatism. Every half hour almost her night dress and sheets would be saturated with the exudation. I gave her opiates—quinine with citric acid, tepid sponging—but all to no avail, as nothing seemed to check the fearful discharge from the skin. It occurred to me now the wonderful effects I had so often witnessed of late in the benefit of oleaginous inunctions in the night sweats of hectic, so I resolved to adopt such with this patient, and directed the nurse to rub her, *a capite ad calcem*, with oil of sweet almonds three times a day. This acted with wonderful success, and the terrible drain was stopped almost by magic, and from this day she gradually progressed to convalescence.

During the long time I was attending her afterwards, I made several careful explorations of her chest, but could not satisfy myself as to the existence of any organic cardiac mischief. A slight murmur

was often audible towards the right clavicle, at other times it was absent; no appreciable dulness over the heart; valves healthy; the left ventricle may be slightly enlarged as evidenced by the violent impulse. No certain pulmonary mischief discernible; but respiratory sounds prolonged under right clavicle more than normal.

Remarks.—This case presents many points of interest to the physician. The very rare complication during pregnancy of such dangerous heart symptoms was one of unusual anxiety to treat. The danger the patient was in from these symptoms, and, on the other hand, the dread of fatal hemorrhage to which she was liable if we induced labour, were matters of grave importance to decide upon. If such a case was to occur again, I would not hesitate, but at once induce premature labour, as it was evident in this case to have been the salvation of our patient. The cardiac symptoms most likely were nearly all referable to reflex action, though they simulated in every way structural lesions of that organ. On the night of the 7th, whilst sitting beside the patient, which I did all through until morning, you would imagine that you had a case of endocarditis before you. The delirium, fainting fits, sense of impending dissolution, cold sweats, &c., all were depicted in this case. I may mention that this lady at the present time (July) is quite well; has gained flesh; no cough; sometimes feels a little palpitation, but is able to enjoy life, and attend to all her domestic duties.

CASE II.—Placenta-Previa—Induction of Premature Labour at Six Months—Choleraic Diarrhea—Croup—Death.

A lady residing in the north side of the city called on me in the middle of last September, complaining of excessive vomiting and nausea. She suspected she was pregnant about six weeks. I had attended her in her previous confinement only, which took place about eighteen months ago. She had two previous labours antecedent to her becoming my patient—one in England, the other here. The child born in England died there of croup. The other two children living, but prone to threatenings of croup. Her mother died of pulmonary disease. Her father living and healthy; married again, and has a large family by his second wife, all of whom were very liable to croup. The labour that I attended her in was an ordinary case of natural labour, and from

which she made an excellent recovery. Her child was a fine healthy girl, and she nursed her for ten months. She was always healthy, of a cheerful temperament, but was peculiarly nervous about croup. On the occasion of her visit to me I had no doubt but that the sickness and nausea she complained of were due to her being pregnant, and I gave her draughts of bismuth, with acid. hydrocyanic., and subsequently oxalate of cerium, which relieved her. The next time I saw her was at the end of October, and she was then suffering from a severe bronchitic attack, which, by treatment, was soon got under. I did not see her again until early in December, when she came into my study in a great fright, saying she had a sudden change on the day previous after a long walk. I ordered her to remain quiet at home, and to let me know if the discharge returned. On the following Sunday, being in her neighbourhood, I called to see her, but heard she was quite well, and at Church. In about ten days she again called upon me, and said she had another sudden discharge of blood, and felt very faint afterwards, and that she now felt the movements of the child. I sent her home, with injunctions to remain in her room for a few days, and put her upon acid. gallic., with acid. sulphuric. dilut. tincture cannabis indicæ, &c., and directed her to send for me the next time any attack of hemorrhage occurred. Shortly before Christmas she had a slight attack, for which I saw her, and on examining her per vaginam, as the os was slightly patulous, discovered the placenta presenting. The cervix was shortened, but it was still most difficult to reach the os internum. I again placed her on the gallic acid mixture, and enjoined strict quiet. During Christmas she was very well, so much so that on New Year's Day she entertained her family to dinner, but, from the exertion, on the following day she had a bad attack of hemorrhage. I saw her on the 2nd January, but the attack had passed away; she had no pain. Things went on pretty well until the 18th January, when I was sent for early that morning, as the membranes had ruptured spontaneously, and a very large quantity of liquor amnii had escaped. There was no hemorrhage, and on examination the placenta was still lying across the os internum; but on using the second finger I was enabled to reach some other presenting part, which I could not well decide upon. She remained free from hemorrhage until the 20th, when a very severe attack came on, but when I reached her house it had ceased. I was prepared to use the *tampon*, but as the discharge had ceased I waited, as I made

up my mind to bring on her labour. Dr. Denham saw her with me on the 21st, and he agreed with me that it would be a risk to delay the induction of premature labour any longer. I gave her two table-spoonfuls of a mixture containing 2 drachms of the liquor ergotæ to 3x of water, with some chloric ether, every two hours, commencing at 6 p.m. on the afternoon of the 21st, and soon after the second dose, at 8 p.m., labour pains set in. At 10 the os was nearly fully dilated, and a foot and the cord presented. At 11 the labour was over, and she was delivered of a living female child. The placenta followed instantly after the head was extracted. There was a good deal of hemorrhage, and my patient seemed much exhausted; but by applying restoratives and the usual means, she rallied, and when I left her at 4 a.m. on the following morning she was very well.

22nd.—On visiting her at 10 a.m. this day she was very excited, but the nurse informed me that some family matters had fretted her. Her pulse was quicker than normal, but all the uterine functions were going on favourably. For the next three days she seemed to progress pretty well—uterine symptoms normal—secretion of milk natural. However, there was great restlessness and tendency to insomnia. She complained also of being very weak, despite a most generous dietary which I gave her all through.

On the 26th she was very weak, and could not pass water, so that I had to use the catheter; and on the 27th she was attacked, without any cause, with most severe cholera, vomiting and purging, the latter resembling thin gruel. I put her upon sugar of lead and opium, turpentine fomentation, lavements of starch and quinine, and the most powerful stimulants, as she was very prostrate. Dr. Denham saw her with me this afternoon, and approved of the treatment.

28th.—Much better in every way; pulse improved; more cheerful; no vomiting; diarrhea ceased; uterine symptoms favourable.

29th.—Much better to-day in every way; able to pass water herself; pulse stronger; appetite good; countenance more healthy.

30th.—On visiting her this morning she complained of hoarseness, and said she must have caught cold. No cough, nor sore throat or dysphagia. I put a hot cataplasm of linseed meal across the throat, first having ordered the nurse to put a mustard plaster over the trachea. In the evening she was no better, and could

scarcely speak. No pain over the larynx or trachea; said she felt better than ever only for the hoarseness; had the acetum lyttæ painted over the trachea.

31st.—It was evident now that my poor patient was labouring under the very disease that she most dreaded, pure membranous croup, as the true type of the malady was fully apparent at my visit. The distress in breathing was now considerable, and she vomited up a large piece of the true croup membrane. * Stridulous râle all over the trachea; no pulmonary complication; no diphtheric appearance; pharynx, uvula, palate, all healthy and natural colour. I put her on calomel and Dover's powder; hot fomentation across the trachea; inhalation of steam; lavements of beef-tea, brandy and quinine, &c. I saw her again at 1 p.m.; no improvement; ejecting up large quantities of false membrane, exactly resembling parchment. In the evening no improvement.

February 1st.—Nothing better; had thrown up large masses of false membrane; disease extending to left bronchus, to persevere in remedial means, and to dress blistered surface with mercurial ointment. I paid her frequent visits during the day, but she was not better.

2nd.—Much worse; weaker, and not able to eject the masses of false membrane. Dr. Stapleton saw her with me this afternoon in case that he might deem it of benefit to open the trachea, but he would not advise it. He approved of the plan of treatment. He had never before witnessed a case of pure croup in an adult. He was satisfied fully of the nature of the case, and saw the masses of false membrane that had been ejected.

3rd.—Much worse in every way; unable almost to lie down from the fearful attacks of smothering; quite conscious of the nature of the disease and her danger. In the evening she was evidently sinking, and her suffering most agonizing to witness. Nothing seemed to afford her any relief. At 3 a.m. on the following morning she asked me could I do nothing to save her, after which she fell back exhausted, and sank at 4 a.m.

Remarks.—This was a most remarkable case, not only for its complications, but for the very rare occurrence in an adult of the malady that terminated her life. I never met with a case of pure membranous tracheitis in an adult before, and those amongst my professional brethren who heard of the case had never likewise known a similar. I believe there are two on record. The croup membrane was the most perfect specimen of the exudation I have

ever seen. The first piece was about the size of the trachea, or rather it looked like the windpipe that had been vomited up. This specimen was unfortunately thrown away; but I have preserved several large pieces which I will have great pleasure in showing to any of my professional brethren. It was a strange coincidence, too, that she was attacked with the very malady that she always through life had such a horror of! How such a disease could originate at such a time is strange. She had been exposed to no chill, nor to contagion, if ever such could be classed amongst contagious maladies. Some cause of blood-poisoning, however, may have existed, as the cholera attack looked very like such. I had the sewerage of the house and locality carefully examined, but nothing deleterious was discovered. We know that after parturition the system is very liable to take on septicemia, both from causes *sui generis* and from other external causes, but in this case all the *post partum* symptoms were favourable. There were no portions of the placenta or membrane left in utero, and the lochial and mammary secretions were normal. The simple loss of blood before her labour could not have induced croup. To what then could we attribute the advent of this fell malady? Could we trace it to any hereditary predisposition, or was it merely a case of pure croup, occurring sporadically at an age most unusual for such diseases, as far as we know of them, to occur?

CASE III.—*Gangrenous Eschar of the Tonsils—Death.*

On the 28th December last, a lady residing in the county —, brought her daughter to town to have my advice, being alarmed about her throat, for the last few days especially. The young lady was nearly ten years old, and on entering my study a gangrenous odour was easily recognized. On looking into her throat, both of the tonsils were covered with a black slough, enlarged and dipping into the pharynx by elongated fringes. The latter had a granular appearance, but was apparently healthy. On using the laryngoscope the epiglottis and rima were found congested, but no extension of the disease was then visible. Besides, there was no hoarseness, cough, stridor, nor any tracheal sign of disease, and the lungs were healthy. The voice nasal, and a glairy discharge from both nares; the uvula and hard palate healthy; but the soft palate and arch swollen, but not ulcerated. There was not much dysphagia, but total anorexia. Pulse, 130; skin dry, and burning thirst; urine

scanty; bowels confined; pinched and wasted expression of countenance, despite the most cheerful account the little patient gave of of herself, as she said she only felt a little annoyance from the throat and constant desire to be swallowing. The history of her case is as follows:—In the June previous I had occasion to pay three visits to the country to see another member of the family, who was seriously ill; and on the occasion of my last visit this young lady was brought in to see me by her mother, as she was not quite well. I remarked that she was suffering evidently from some gastric irritation, and advised them to see the resident medical attendant of the family, in case she was not better. I heard nothing further of this case until August, when some of the family called on me, and then I learned that my predictions were true about their youngest daughter, as, after seeing her in June, she had a severe attack of gastric fever, but that she was quite well now, and at their own place at the seaside. I did not see the young lady again until October, when she was brought to me casually on their return home to the county —, but not to see me on her own account, as I was attending another member of the family. I remarked that she was very thin, and her voice nasal; and on looking into the throat was struck with the strange granular appearance of the tonsils, which were enlarged, and looked very much like as if the inside pulpy part of a fig was smeared over them. However, she complained of no uneasiness from them; no dysphagia; pulse quiet; appetite good. I advised her mother to watch her throat, and have their medical attendant to see her when they reached home. I brushed the tonsils over with dilute nitric acid; gave her a wash, containing chlorate of potash; and syrup of bark, three times a day in doses of a teaspoonful. I may as well remark here that about a month previous to this visit she had a severe fall, and hurt her nose; but this accident was kept a secret both from her family and myself up to this period, and it was not until near Christmas that she mentioned this matter to her mother. When brought to me on the 28th December, I asked the mother what treatment had been adopted by their own medical attendant. She replied that Dr.— had seen her now and then, but did not think seriously of it, and had merely directed the governess to brush the throat with a solution of caustic. However, on Christmas-Day the family noticed the peculiar odour, and got alarmed, so resolved to bring her up to town. As there was no further time to be lost, though I mentally gave up the case as hopeless, I directed the mother to remain in

town; and as the family had a house in ——square, she at once consented, and had a bed-room prepared without delay, and got the assistance of one of the Infirmarian Sisters. I saw my patient in the evening, and brushed the sloughing mass well with the butter of antimony; ordered gargle of infusion of bark and potassæ chloratis, and the same lotion to be injected through the nostrils; inhalations of steam, lavements of beef-tea, brandy and quinine; syrup of bark every two hours, and the most nutritious dietary, such as jellies, soup, wine, &c.

29th.—My patient expressed herself better to-day, and that she could swallow easier. She vomited up, after gargling, a good deal of sloughy matter; discharge from the nose improved; gangrenous odour the same; bowels confined; tendency to nausea. The throat looked healthier, and the sloughs separating. To continue the treatment. In the evening she was about the same; throat paining her; ordered a little grey powder, and Dover's powder, and a lavement early in the morning, to free the bowels—to inhale carbolic acid, &c.

30th.—No radical improvement; odour the same; brushed the tonsils again with the butter of antimony; bowels free; appearance natural; fever very high; takes her nourishment, wine, medicine, &c., regularly; is most cheerful, and says she is quite well only for her throat.

31st.—No change for the better; complains of being deaf in one ear; gangrenous odour the same, despite all the local applications; feverish symptoms very high, particularly on my evening visit; sleeps well.

1st January—No improvement; applied the caustic to the ulcerated surface; deafness increasing; more dysphagia; slight tendency to diarrhea of an ochre colour, and very fetid; odour of breath the same; ordered to persevere in the remedial means.

2nd.—No change for the better, though the patient herself was so cheerful, and was reading a book on entering her room, and expressed herself as being much better; but the nurse's report of the night was more unfavourable, as she was delirious now and then; very weak, and tending to perspiration; deafness much worse; throat painful; very little appetite; anxious only for ice. Dr. Banon saw her with me to-day, and pronounced the case as one of gangrenous ulcer of the tonsils, and one of very unusual occurrence. I may mention here that she never had scarlatina or ulcerated sore-throat before. He approved in every way of my plan of treatment,

and could not suggest any alteration. He seemed inclined to take a more hopeful view of the case, and thought, as the sloughs were separating, she might recover. He satisfied himself that there was no pulmonary disease, and that the fever was due to blood-poisoning from the absorption of gangrenous pus.

3rd.—My poor little patient evidently worse, despite the most persevering efforts of all remedial means to benefit her; again applied the caustic to the throat; she was quite deaf to-day; no desire for food; still so cheerful; and wrote several letters, and said she was sure she would recover.

4th.—All the symptoms much worse; delirious all night; great restlessness; pulse most rapid; cold, clammy perspiration; gangrenous odour much worse, despite a perfume douch that was continually used in her room.

5th.—My little patient gradually sinking; spoke to me so cheerfully; cannot swallow anything except ice. She expired at 4 a.m.

Remarks.—This was also an exceptional case in my practice, apart as it was from the complication of scarlatina or diphtheria, reminding one of the cynanche maligna of Cullen, occurring as a separate disease. The time had elapsed for any benefit to be expected from treatment when I saw the case, as the blood-poisoning was too general to be removed by any remedial means, particularly in so weak a constitution. Could the fall have had anything to do with the development of this fatal attack? The nostrils were inflamed, and secreted a thin ichorous mucus; but there was no injury to the nasal bones or cartilage, or any tangible sign of any disease resulting from the accident. When I saw the patient in October the disease was evidently commencing—from the peculiar granular appearance in the part—but this I have often seen without any malignant sequelæ. At this stage would excision of the tonsils have warded off the supervening disease? or when the sloughing took place, should this operation have been performed? Was this a local affection at first, or was it merely a symptom of some malignant disease in the system that showed itself only in this locality? It was a strange result to follow from ordinary tonsillitic disease, as we frequently see deep corroding ulcers, abscesses, and diphtheric patches there, and no gangrene ensuing. This young lady had never had scarlatina, measles, whooping-cough, or, in fact, any disease, until the gastric fever in the June previous; was living in a most beautiful and healthy locality; was well nourished, and had all the comforts of life around her; was not

exposed to any contagious influence or mephitic vapour, &c. How then could this terrible and unusual malady have been generated, and was there any plan of treatment that could have averted the sad issue of the case, if adopted at an earlier period? My own idea is that if some powerful escharotic had been applied a month earlier, that the disease might have been removed, and the sloughing averted, save what accrued from the topical application.

CASE IV.—*Chronic Tonsillitis—Ozena of the Nose—Recovery.*

The subject of this case was a lady, the wife of an officer in one of the regiments of the Dragoon Guards, and I first saw her in October, 1865. She was then stopping at an hotel, and was labouring under a severe attack of pleuro-pneumonia, contracted by exposure to cold—sitting between a door and open window, a few nights previous to my seeing her. She had always been healthy, was a native of London, married about two years, had no family; her general health in every way good previous to this attack. By the usual treatment she recovered perfectly from this attack, and I did not see her again until January, 1866, when I attended her for some slight attack of catarrh. She had removed to a house in the north suburbs, to be near the barracks in which her husband's regiment was stationed. My next attendance upon her was in February, as she had a severe fall, being thrown out of their phaeton, at Howth, whilst going down a hill. She received a good many abrasions about the face, and there was slight concussion of the brain. By care all danger passed away, and I did not see her again until April, when she had an ordinary attack of tonsillitis; the only remarkable incident connected with the attack being the difficulty of healing the superficial abrasions over each tonsil. My next attendance upon her was in August, when she had a very severe attack of cholera. Her convalescence from this attack was very slow, and about that time her throat got very sore again; but no ulcer visible; simple congestion all over the palate; uvula, velum, pharynx, accompanied with dysphagia. There was no cough, hoarseness, or laryngeal irritation, and scarcely any constitutional disturbance. It may be as well to state here, that there was no evidence, in any way, of any syphilitic taint. She denied all knowledge of such, nor was there any light thrown upon this supposition by examining her with the speculum, which I did carefully; but the uterus was healthy. The treatment I adopted to relieve her did not effect a complete immunity from the attack, so

she went over to London for change of air, hoping to get free from all symptoms of delicacy by the trip. I did not see her again until the first week in November, when she called on me during my "at home" hours, in great distress with her throat. It appeared that during her stay in London the disease became much worse, and the pain in swallowing more severe, so much so that she sent for Dr. West, under whose care she remained for some days. His treatment was principally topical remedies. On examining her throat it was of a deep red colour every place, and two ulcerated patches in the fold of each tonsil; the voice nasal; slight deafness; great dysphagia; general irritability of the entire system. My treatment was both topical and constitutional, the former consisted of the application of dilute nitric acid to the ulcers, gargles of potassæ chloratis, counter-irritants, &c.; and the general treatment, the administration of syrup of bark with minute doses of the oxy-muriate of mercury, full diet, wine, &c. She also inhaled various medicaments, but very little benefit accrued. I now had Dr. Stokes to see her, who considered the case as one resulting from some debility of constitution, either scrofulous or syphilitic. He could not suggest any remedy save change of air, and advised her removal to Rathmines. She was soon located there in one of the very best situations, but up to the first week in December there was no improvement in the throat, but, on the contrary, the pain and irritability began to increase. About the 7th a speck of a dark colour was visible on the palate, and on passing a probe into it, evidence of perforation was plainly discernible, and the discharge from the posterior nares was very fetid. I touched the spot with dilute nitric acid, and on the 8th, as no improvement was visible, I had Dr. Smyly to see her with me. He examined her most carefully, and also used the laryngoscope, and came to the conclusion that it was either a scrofulous or syphilitic ozena. In addition to the means I was adopting he suggested that the ulcerated spot on the palate should be brushed with the butter of antimony, to have the spray of a lotion made with one grain of corrosive sublimate to an ounce of water, administered by means of the pulverizer, daily, to the throat, and to have large doses of quinine, &c. Up to the 23rd this treatment was carefully carried out, but no amendment followed. The perforations in the palate had increased, and all the local symptoms of irritation had become worse. About this time the regiment that her husband was in, was ordered to the West of Ireland, and as he could not get permission to come up to town for the Christmas, she determined to join him, and despite all my remonstrances to the

contrary, she left Dublin on Christmas Eve for a sea-port town in the West. I heard no more of my patient until the end of January of the present year, when she called on me, and announced herself as being perfectly well, and that she was cured by an apothecary in the country, with sarsaparilla! On inquiry, she said, that for the few days following her departure from the city, the throat had become much worse, and the slough in the palate increased rapidly; that the proprietor of the hotel in which she stopped, had recommended her to see the Doctor who attended the house, which she did; that on his visiting her, he first gave her some draught which he said *was to draw the matter out*; that he told her to use nothing but warm water as a gargle, and gave her large quantities of sarsaparilla to drink; and that in about three weeks she was quite well. On looking into her throat, there was a depression in the palate where the ulcer had existed, but it was quite healed, and a silvery-looking cicatrix covering it, the voice was slightly nasal, and the throat still congested; but the bulk of all her annoyance was removed, and she appeared to be in renewed health and spirits.

Remarks.—The most remarkable feature in this case was the obstinate nature of the attack, and its indisposition to get well, despite the most active and varied treatment adopted for its removal. It was, in my opinion, more a chronic ulcer, occurring in conjunction with tonsillitis, than a case of ozena, as in the latter disease also there is some permanent injury to the nasal cavities, particularly if any syphilitic taint is present. In ordinary cases of ozena in girls of a scrofulous diathesis it is mostly the anterior nares that are congested and thickened, with large quantities of thick glutinous matter; with impaired sense of smell; but in this case the olfactory function was more than ordinary acute, and the anterior nares were very little congested. The idea of some latent syphilitic attack suggested itself to each of the medical men that saw the case, but there was no tangible sign of its existence, either cutaneous or uterine, and still the vaunted cure by sarsaparilla would again obtrude the idea before the mind of such having existed. We could not attribute the remarkable and almost sudden recovery to the effect of sarsaparilla, and if any mercurial preparation was given with it, such had failed before, in conjunction with the syrup of bark, to afford any relief. The benefit was owing, no doubt, to the change of air, and to the ulcer in the throat having reached its acme; but the patient is rather sceptical on these points, and attributes her recovery solely to the sarsaparilla.