[The following engraving exhibits a representation of the cup. The size and figure are preserved in the drawing with exactness.—*REP. L.*]

ACCOUNT OF THE PREVALENCE OF URTICARIA AS AN EPIDEMIC.

By D. MACFARLANE, M.D., Darlington.

IN looking over my notes for the hygone year, it struck me that the publication of the following facts might, from their novelty and practical bearing, be interesting to many of my medical brethren. I say the facts are novel—they are so to me at least; for though the annals of medicine furnish numerous examples of diseases prevailing epidemically, which usually appear in isolated cases, yet I have not been able to find recorded any instance of *urticaria* showing itself as an epidemic. In such a form, however, during the summer and autumn of last year, it did prevail to a considerable extent in this neighbourhood. The first invasion of the complaint was attended with peculiar, and rather alarming circumstances.

Early in the month of June last, during the same night, several of the inmates of a large inn, near this place, were seized

with pain about the stomach, sickness, and vomiting. I saw them the following morning. I found seven or eight of them indisposed, but none so ill as to be confined to bed. They all complained of a feeling of oppression at the epigastrium, general uneasiness, and a tingling itching sensation of the skin. The cook, who suffered most severely, was covered all over the face, trunk, and extremities, with a papular-looking eruption, the integuments being everywhere red, swollen, and rough. She had still great uneasiness, and acute pain upon pressure at the stomach, with highly-inflamed eyes, and turgescence of the eyelids; quick pulse, furred tongue, and intense thirst.

The symptoms, combined with the fact, that so many had been taken ill at the same time, naturally excited a suspicion that something deleterious had been swallowed in their food or drink, and I thought I had found out the source of their sufferings, when informed that all who felt indisposed had partaken of the same gooseberry-pie at supper, and that the rest of the servants who had not eaten of the pie were quite well. The pie, of course, became the object of serious suspicions; part of it still remained, but when carefully examined afterwards, no trace of any acrid poison or deleterious substance whatever could be detected in it. Soon after, other members of the family and visitors in the house, some of whom were invalids, became similarly affected. The water was innocently blamed; the bread, though of the best quality, was suspected; and the cooking implements underwent a scrutiny. The patients, indeed, soon got well of the disease, but I remained for some time much perplexed, endeavouring in vain to discover the exciting cause. To my relief, however, similar cases in the same neighbourhood began to fall under my notice. I then became persuaded of the epidemic nature of the complaint. Numerous cases of this affection continued to present themselves for many months thereafter, both in this town and the surrounding villages: in all, I reckon I have seen upwards of a hundred cases, by far the greater part so slight as not to require the administration of medicine, and most of which I should not have detected had I not been on the look-out for them.

In some instances, the diagnosis was not easy to be made out, for the eruption not unfrequently assumed the character of other diseases of the skin, so that a person unacquainted with the prevailing epidemic, might readily have made a mistake. I have seen it not unlike *varicella*. Sometimes there was a diffused blush of

red over the surface, as in scarlatina; but in many cases it more strongly resembled measles; indeed, so closely did it occasionally take on the characters of the rash in measles, that the most accurate observer, I venture to say, judging from the appearance of the rash alone, would have pronounced the disease to have been truly measles. In one instance, I compared Bateman's plate of rubeola with a patient's skin, ill of urticaria, and so close and accurate was the resemblance, that the one might have stood as the copy of the other. I particularly remarked the presence of irregular semicircles, or crescents, which Bateman reckons so important a diagnosis of measles, and gives Willan the credit of being the first to notice and describe. The constitutional symptoms and progress of the disease were, however, generally sufficient to distinguish the epidemic I am describing from rubeola. But the discriminating mark of urticaria which I found applied in every case, and readily enabled me to detect its presence, whether dormant or disguised, and which mark it may perhaps be worth while to remember, was this:—*when strong friction was applied, for about a minute, to any part of the surface* (the forearm was generally chosen), *the nettle rash, in its true character, made its appearance.*

The duration of the eruption, when attention to diet and the proper use of medicines were persevered in, was generally about a week. But, in several cases, where the patient would not be restrained in the choice of food, nor be prevailed on for so trifling a disease to employ remedial agents, it continued for many weeks—indeed for months. From close investigation, I was led to the conclusion, that the use of acid fruits was generally, if not always, the exciting cause. *Post hoc, ergo, propter hoc*, is not necessarily a fair logical deduction, yet the universality of the fact of fruit having been eaten previous to the appearance of the rash, together with this circumstance, that in one case which I had an opportunity of watching closely, when the eruption had subsided, it was repeatedly reproduced by indulgence in eating fruit, lead me to regard the use of fruit, and the late epidemic rash of this neighbourhood, in the relation of cause and effect.

The treatment I adopted, where any was required, consisted in the prohibition of fruit and stimulating drinks; at the same time I gave a mercurial alterative pill, and a saline aperient solution, containing an excess of an alkali.

Darlington, Durham County,
Jan. 20, 1834.

LONDON-HOSPITAL MEDICAL SOCIETY,

Friday, January 3rd, 1834.

SUPPOSED ABSCESS IN THE ŒSOPHAGUS.

DR. VENABLES, this evening, as there was no other subject before the Society, drew attention to a case which he considered, he said, to be one of the most extraordinary he had ever witnessed. He was not at that moment able to refer to his notes, and could not therefore give very full details of the case, but he believed that he could state sufficient to interest the members in a high degree. He had been requested to visit a young man of the name of Ramsey, a butcher. He found him sitting in a chair, and complaining of a difficulty, amounting almost to an impossibility, of swallowing even the minutest particle of solid food. Even a crumb of bread, if it unconsciously passed the pharynx, on entering the Œsophagus produced intense pain, followed by convulsions and temporary spasms of various muscles of the trunk and extremities. These effects arose solely from the deglutition of solids; fluids could be swallowed without inconvenience. The patient, who was also suffering from a paralytic affection of the lower extremities, of a very singular character, was wholly incapable of preserving, or even assuming, the erect posture, even with the assistance of crutches, unless placed with them so uprightly, that his centre of gravity did not rest beyond the perpendicular; but the moment any circumstance altered the statue-like position, he would fall to the ground. Notwithstanding this, when sitting in a chair or in bed, he could stretch out the limbs and draw them up,—not certainly with ease and facility, but yet tolerably well. When he, Dr. V., visited him, the patient declared that he felt such extreme agony on every attempt to swallow, that he had made up his mind to visit Sir Astley Cooper, and request him to make a hole in his chest, and examine the parts within, as he was determined to perish in *any* attempt at relief, rather than endure a longer protraction of his sufferings. An eminent physician in the neighbourhood had told him, that he laboured under stricture of the Œsophagus, to which he (Dr. V.) replied, that the truth of that might easily be ascertained by a probang. The man caught at the idea, and would not rest satisfied without having such an examination instituted. Understanding, however, that he was then under the care of a surgeon,