

to the loins, became so severe that he could scarcely keep his feet; and he applied for admission into the hospital. His temperature was found to be 100·6° Fahr. He was ordered to bed; ice was applied to the head, and a mustard plaster to the loins. This latter application was followed in about twenty minutes by a cessation of the dorsal pain; and on the following morning the patient expressed himself free from giddiness and throbbing. When last seen, four days after the first appearance of the symptoms, he said he felt well, but his manner was somewhat tremulous.

#### CASE OF HEAT APOPLEXY.

(Under the care of Dr. HARRIS.)

We are favoured with the following account by Mr. H. E. Symons, the house-physician:—

C. M.—, aged three years and a half, was admitted into the Elizabeth ward on the morning of 15th June last. His mother stated that she found him asleep in the sun about 4 o'clock on the previous afternoon. About 8 o'clock in the evening he was seized with severe headache, short and hurried breathing, and bilious vomiting, which continued nearly all night. About 3 A.M. on the following morning he became semi-comatose, and remained in that condition up to the time of admission.

He was then found to be still semi-comatose, but he could be roused slightly when spoken to loudly. The pupils of both eyes were much and equally contracted. Respirations 48, short and hurried; skin dry and harsh. Temperature 101·6° Fahr. Pulse 132, regular, but rather weak. Tongue moist, and covered with thin white fur. Respiratory and cardiac sounds normal. At 5 P.M. he awoke out of a heavy sleep, and could answer questions. The pupils were still contracted. He had passed his water in bed. Ordered three grains of calomel.

On the second day he had passed a restless night, and was crying with pain in the belly. The calomel had not been retained; the bowels had not acted since admission. The tongue was red and slightly furred; the cheeks flushed; the pulse 180, full and compressible; the temperature 103·4°. He was more rational, and did not complain of pain in the head; the pupils were moderately contracted; the urine was acid, of a pale sherry colour, and contained no albumen.

On the third day he had passed a pretty good night. The bowels had acted freely after a dose of castor oil; the tongue was red and furred laterally. Pulse 120; temperature 101·4°.

On the fourth he had passed a good night. The pulse was 120; temperature 100·6°. He complained still of slight pains in the abdomen, but of none in the head.

On the fifth morning he had slept well; the abdominal pains were passing off. Pulse 120; temperature 103°. Skin harsh and rather dry.

On the sixth day he was progressing favourably. Pulse 116, soft; temperature 100°. Bowels acted naturally, and the intelligence was clear.

On the ninth day convalescence was well established, and on the 11th the patient was discharged, well.

In addition to the above-mentioned remedies, a simple saline was administered; and the diet, consisting of beef-tea and arrowroot, was free from stimulants.

#### ST. MARY'S HOSPITAL.

##### CASE OF HEAT APOPLEXY, FOLLOWED BY CATALEPSY.

(Under the care of Dr. SIEVEKING.)

THE patient, a lad about thirteen years of age, was stated on admission to have been in a state of semi-consciousness for four days; saliva was dribbling from the mouth, the eyes were partly closed, the pupils equally dilated, the face flushed, the pulse 108, and the temperature 100°. He was with difficulty made to drink an aperient draught, and an enema of castor oil and hot water was administered, and ice applied to the head. On the morning after admission he had so far improved that he was able to assist the nurse in washing him, and to answer questions intelligently; but towards evening he became more dull, and on the following morning he was found to be in a cataleptic condition: the

limbs were very rigid, and would remain in any position in which they were placed; the face was flushed, the eyes fixed, the pupils rather dilated, the jaws rigid, and the tongue projected a little between the teeth, while some froth oozed from the mouth; the pulse was 90, full and regular; the temperature 99°; he passed his motions and urine involuntarily. Since that time the general character of the symptoms has remained much the same, though he is gradually recovering consciousness, and could, when we last inquired, be occasionally roused into answering a question, and would sometimes express his wants spontaneously.

The account given by his parents is, that five days before they brought him to the hospital he spent an entire day and evening on the Thames Embankment. On returning home at about midnight, he complained of pain in the head, and said he thought he was going to die, and began gradually to lose consciousness.

#### UNIVERSITY COLLEGE HOSPITAL.

(SKIN DEPARTMENT.)

##### UNUSUAL FORM OF ECZEMA LABIALIS.

(Under the care of Dr. TILBURY FOX.)

Two cases of some interest, as showing how, on account of the superaddition of accidental phenomena, eczema may vary in aspect, have recently been attending as out-patients in Dr. Fox's clinique. In both the seat of disease was the upper lip, just below the nose. The patients, who were both men, stated that the disease arose from a cold; that then the lip enlarged gradually so as to produce considerable thickening and swelling. It so happened that on one occasion a distinguished foreign dermatologist was present, and he suggested that the disease was of the nature of epithelioma; but the rapid cure and the history of the cases entirely set aside this explanation. When first seen the disease consisted of a swelling extending half an inch laterally from side to side of the frænum of the nose, and from above downwards to near the junction of the mucous membrane and skin. It was, in fact, an oval swelling, the skin being raised about three or four lines. The swelling felt elastic; it was not hard, but it was tender, and smarting was often felt in it. The colour was inflammatory. On close examination the hair follicles were seen to be more distinct than usual, and to be pustulating at their apices. There were here and there slight crusts. The hairs of the moustache, which had been cut off close to the lip, were not loosened nor altered in texture; but on pulling at them, much pain was at once experienced. In fact, it was, perhaps, the papillated aspect given to the general swelling by the enlargement and projection, so to speak, of the follicles that led to the idea of the disease being epithelioma; but, on careful examination, it was seen that the disease was clearly produced by inflammation of the hair follicles, implicating the fibrous tissue round about to a greater extent than usual. The history showed the case to have commenced by the extension of a catarrh from the mucous surface to the hair follicles. There was no free crusting, as in ordinary impetigo labialis. The disease might have been termed by some non-parasitic sycosis, which is of course nothing more or less than catarrhal inflammation of the hair follicles; but, in the present instance, the aspect was not so distinctly pustular as is usual in inflammation of the hair follicles about the face, and the swelling of the deep fibro-cellular structures was very marked—much more marked than usual. The disease began as an eczema, involving the parts about the hair follicles. Dr. Fox has met with many instances of the condition now described; and he is very emphatic in condemning the use of irritants, stimulants, or active absorbents in the early stage of the disease. He states that all these remedies increase the follicular irritation. The use of litharge ointment so as to exclude the air, after hot fomentations, the avoidance of stimulating things, with alkalies and tonics internally, and subsequently strapping with lead or mercurial plaster, and the use, in the very chronic stage, of iodine, are most serviceable. But the avoidance of irritating applications, in the early stage, is the most important point to remember in reference to the treatment.