

bromides, with tonics, cod-liver oil, and malt; alcohol should, I believe, be strictly avoided. All sources of mental anxiety and excitement should be removed, while a quiet but firm government of the child is provided. The prognosis of these cases is good under proper management, and parents may be encouraged by knowledge of the fact that these nervous children often make the best men and women in later years, though a source of much anxiety in childhood.

Kensington, W.

#### ECZEMA CAUSED BY VIRGINIAN CREEPER.

BY E. LYCETT BURD, M.D. CANTAB., &c.

A CORRESPONDENCE having recently taken place on the subject of eczema caused by the primula obconica, I think the following case will be of interest.

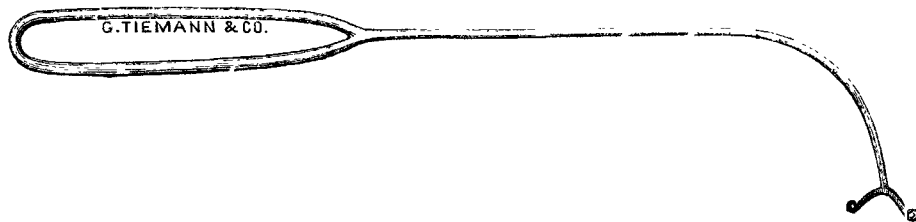
Mrs. W—, a lady of middle age, consulted me on Oct. 15th last on account of an attack of eczema then commencing. The cheeks were highly inflamed, the chin and parts round the nostrils covered by a weeping vesicular eruption; there was also a partly papular and partly weeping vesicular eruption on the back of the neck, wrists, arms, breast, and legs, with much irritation, heat, and pain. The eyelids were greatly œdematous, and were for a time completely closed. There was, however, no rise of temperature, and but little constitutional disturbance. No cause for the attack was then assigned, nor could I discover any. Under treatment, the patient being a good one and strictly carrying out all instructions, the attack quickly subsided, and she became convalescent. Suddenly, however, on Oct. 29th, the disease returned with, if possible, increased virulence, the face becoming again swollen and œdematous, and the vesicular weeping eruption appearing on that and other parts as before. On further consideration it was now recollected that on the day previously to each attack Mrs. W— had been occupied in packing up and sending away to an artist friend a quantity of the leaves of the Virginian creeper (*Ampelopsis Hoggii*). This seemed to me hardly an adequate explanation, but the governess had on both occasions been helping her, and on both occasions had been similarly attacked. The gardener, too, who had picked the leaves was also attacked with some similar eruption, but as he was not under my care I cannot vouch for the identity of the disease in his case. I then learnt that towards the end of September Mrs. W— had had similar dealings with the same leaves, followed by a similar though much slighter attack of eczema. This is to me an entirely unknown agent in the causation of eczema, nor can I find reference to a like case. I should be glad to hear if others have had a like experience.

Shrewsbury.

#### A NEW EPIGLOTTIC RETRACTOR.<sup>1</sup>

BY DR. J. MOUNT BLEYER,  
OF NEW YORK CITY.

WHILE busy several years ago in testing my tongue tractor for the purpose of forced laryngoscopy in children, and studying the action of the muscles, ligaments of the tongue and epiglottis, I found that if a firm pressure was made with the leaf-like projection of this instrument upon the glosso-epiglottic ligament, a tension was produced, and



thereby the epiglottis raised and retracted against the base of the tongue. This knowledge led me to construct the epiglottic retractor, of which the illustration is a *facsimile*. It needs no further description than the one of its application. Often patients are presented to us with an epiglottis either misshapen or pendulous, and thereby obstructing our

<sup>1</sup> Demonstrated before the German Surgical and Medical Society of New York, October, 1890.

view of the interior of the larynx, thus making a diagnosis difficult. In order to retract the epiglottis, a 10 per cent. solution of cocaine is necessary to avoid reflex action of the muscles. The patient is instructed to hold his own tongue firmly by its end. The retractor, under the guidance of a laryngeal mirror, is passed upon the glosso-epiglottic ligament, direct pressure is then made upon it, the direction of this pressure being against the base of the tongue. The epiglottis is seen immediately raised and retracted against the tongue, giving thereby a thorough view of the interior of the larynx. Some practice is necessary, as with all instruments for intralaryngeal work. This instrument, no doubt, will find its way into the armamentarium of the laryngologist. It is manufactured by the well-known firm of Messrs. George Tiemann and Co., New York City.

New York.

#### DEFORMITY OF THE FEET IN AN AGED WOMAN.

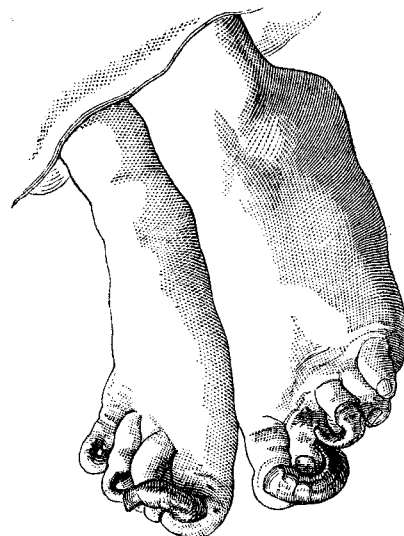
BY J. J. G. PRITCHARD, L.R.C.P. LOND., &c.

THE accompanying illustrations faithfully depict the appearance of the feet of an old woman who was admitted into the Lancaster County Lunatic Asylum recently, exhibiting the effects of neglect, and showing the way in which some people still exist in civilised England.

A. L—, aged seventy-four, was admitted last November in a very dirty condition. She is quite blind from sympathetic ophthalmia, and is nearly deaf. Her feet presented the appearance seen in the engravings, with the addition of a large amount of dirt filling up the interspaces. She walked with great difficulty on this account. She had lived with her son, a farm labourer, and badly off, for the last five years, and had not had her toe-nails cut for the whole of



this period. She had worn her stockings both day and night until they were worn out, and they were never washed. The last pair she had worn six months. She had frequently asked to have her nails cut, as they hurt her, and she could not do so herself, but it was never done. She was troubled with sickness at first, complaining that the diet was too rich. She was accustomed to have a drop



of tea and a little bread, some dry potatoes for dinner, and a taste of meat on Sundays, sometimes porridge