

She is now free of her enemy for the next six months, although, since the occurrence of the first neuralgic manifestations she has had frequent intercurrent attacks of true intermittent, more especially during her residence in a malarious district. In 1883 she and her husband removed to Canada—first to Hamilton and then to Toronto—and since that time she has had two attacks of true intermittent, one following the death of a favorite child. In every instance the ague was quotidian, the paroxysms beginning about 7 p.m. For a month after each neuralgic attack the patient suffers more or less from dull pain about the eye, asthenopia and tenderness of the scalp; a herpetic eruption makes its appearance about the lower lip, and desquamation of the cuticle occurs over the greater part of the surface of the body. Shortly before each neuralgic period the face assumes a deep lemon hue, but this disappears a week or two afterwards. The urine is at all times high colored, and during the neuralgic periods is deeply tinged with bile. The patient can prognosticate the approach of a semi-annual attack by the occurrence of vertigo on stooping, and by the appearance of the yellow tinge over the face.

Variations of the phenomena described have been noticed on two or three occasions. Thus, in the fall of 1882, the period came on after the patient had contracted a severe cold, and lasted ten days, with the usual retarding paroxysm on each. In no other instance has the duration exceeded nine days. In the spring of 1883 the neuralgia, for the first and only time, was seated in the left eye, the right being unaffected. The phenomena which manifested themselves on previous occasions, when the right eye was the seat of pain, were exactly repeated on the left side—including those indicating the termination of the period—but with the addition of a purulent discharge from the left ear—the only occasion on which this has been observed. In the fall of 1883 there was no well-marked period; some fever and a sense of fulness in the head occurred at the usual time, but disappeared three or four days later. There were no chills whatever. The contrast between this incomplete attack and the fully developed periods, in which the chills are the marked feature, is strikingly suggestive of that between the so-called “dumb ague” and intermittent of the “shaking” type. A still more curious variation is noted fur-

ther on as occurring during the period which came under my own observation. The patient has also noticed that with each recurrence of the semi-annual attack the pain in the orbital cavity appears to extend further backwards. After the first neuralgic attack, in the fall of 1881—for which the patient was treated in Michigan—onychia developed, first on the right then on the left hand, with subsequent shedding of all the nails; there was much salivation; the enamel scaled from the teeth, especially the molars and bicuspid; the teeth were loosened and later on broke off at the neck, without any appearance of caries. There was also considerable oedema of the lower extremities. The patient and her friends attribute these occurrences to the drug employed, and which, I am given to understand, was administered by “a sort of horse-doctor.” It is described as a white powder, with a slightly sweetish taste. Although only half the quantity prescribed was taken (at bedtime), violent delirium set in and lasted throughout the night. The symptoms just detailed followed a few days later. The toxicologist will be inclined to regret the fact that the further services of the horse-doctor were dispensed with.

I saw the patient for the first time at 4.30 p.m. on the 16th of March, the third day of the period. On the first day, the 14th, the attack had commenced at 8 a.m., and was ushered in by the usual coldness of the extremities, and—a symptom hitherto not experienced and not since repeated—neuralgic pains down the back of the neck and along the whole length of the spine. The other symptoms as usual. The second paroxysm, on the 15th, had commenced at 9 a.m., and was less violent than its predecessor. On the 16th the paroxysm did not occur until 1 p.m., and when seen the patient was in the sweating stage. An examination revealed an anæmic murmur in the vessels of the neck, and the palpebral conjunctiva was found to be almost colourless; the face of a deep lemon tint, the skin on the affected side—the right—unnaturally dry, and the hair, especially on the right side of the head and about the right temple, turning grey; tongue slightly coated; bowels regular. In the hope of witnessing a paroxysm, and thus being able to verify the patient's statements, I postponed treatment.

March 17.—At 3 p.m. no marked paroxysm had occurred, though the patient had suffered during