

induce it. In a letter which I received some time ago from a medical friend on the subject of nettle-rash, he mentions the following substances, as being apt to disagree with him; "*In primas*, nuts of all kinds; haws from the hawthorne, especially if very ripe; raisins, figs, prunes, and dried fruit of all kinds, especially if containing sugar. Dates do so very rapidly; sometimes grapes, if I eat the skins. Almonds, wheat, new oats, peas (green and dried); beans of all kinds, unless cooked; most pastries if they contain a good deal of oil, and are what are called heavy or rich; infusion of senna; and common tea, if strong, and without cream and sugar. Neither coffee nor chocolate injures me, but cocoa does; and common scones and rolls, if the loose flour be left on them, especially if they be taken hot, and spread with butter. Opium and Dover's powder sometimes produce a like effect. The attack begins in this wise. One day, at a dinner-party I thoughtlessly began to eat a few nuts, when, almost instantly, even when they were on the tongue, I began to feel a tingling sensation, with heat, and a sense of fulness in the throat, and swelling of the fauces. In a few minutes, itching and tingling began in the palms of my hands and soles of my feet, and within twenty minutes the whole body was covered with rash, as if I had been thrashed all over with nettles. . . . My usual remedy is brandy or whiskey; indeed, I can eat most of the above-mentioned articles if I am drinking whiskey-toddy at the time."

The following case is also worthy of being put upon record. I quote from a letter of a relative of my own: "My experience of nettle-rash is anything but recent, as it is now nearly thirty years since I discovered that I could not eat butcher's meat in any form without causing it, upon which I finally gave up the indulgence of that taste. Since then, I have once or twice had slight attacks of nettle-rash from partaking of very strong soup, but none of those violent symptoms which the solid meat used to occasion. I first made the discovery after a long fever I had in 1830-31. I had previously suffered occasionally from nettle-rash but not violently, nor uniformly, on eating meat. After my fever, however, it was a clear case. It was long before I found that everything in the shape of butcher's meat was inadmissible. Many trials were made with meats, and portions apparently as tender as, or more so, than fowl, as for instance, rabbits, ox's or sheep's tongue, sweet-breads, etc.; but all with the same inflexible result, and that whether I knew what I was eating, or expecting to suffer from it, which satisfied me and the most incredulous around me that imagination had nothing to do with it. The symptoms did not begin for an hour or two. The first was the feeling of a lump in the stomach, perceptible even to the touch; then appeared nettle-rash on my wrists, my arms, my groins, and other tender parts of the skin, at first, in separate white blisters (as if an army of fleas and bugs had attacked me), which shortly agglomerated into large masses of

white blisters. Along with this the inside of my throat and nose became swelled, my voice hoarse, and a feeling as if I had a violent, stuffy cold in the head. If the attack were less severe, I used to go to bed, and was well by morning. If more violent, I used to take magnesia, which acted strongly on my bowels, causing first faintishness, and then severe purging, after which I became well. Various members of my wife's (she is a blood-relation of his own) family have been subject to nettle-rash, but not from the same cause. My mother-in-law could not eat barley-meal, nor my brother-in-law oat-meal, without suffering from it, though not, I believe, so severely as myself. My wife cannot let figs or wall-flowers touch her face without producing a rash. . . . If you will make it worth my while, I will come down at the Whitsuntide holidays and be exhibited. I will also eat the *Ornithorhynchus paradoxus*, if you can catch one unstuffed, and finally determine whether it be bird or beast."

This case illustrates the occasional hereditary nature of the disease—a point which has also been brought out by other writers; amongst others, by Trousseau, in his work on *Clinical Medicine*, Sydenham Society's translation, vol. ii, p. 285.

In many cases, especially in chronic urticaria, no cause can be made out. In the latter, the reason may be that the cause which originally produced the attacks has passed off, and the disease has been kept up owing, so to speak, to the skin having contracted a bad habit; or it may be the result of some peculiar idiosyncrasy, which is a convenient term to hide our ignorance.

Diagnosis.—When the eruption appears in its typical form—in the shape of wheals which are pale in the center and red at the edges—it cannot be mistaken for any other; and when it is due to the sting of an insect, the dark point in the centre of each wheal is characteristic; but when it assumes one of the less usual forms, the lesion being erythematous or papular (*Lichen urticatus*) or tubercular (*U. nodosa*), mistakes may sometimes arise, if due care be not taken. Such errors may, however, be generally avoided by noting the presence of the four following points, which almost invariably characterize the members of the urticaria group: 1, the rapidity with which the eruption makes its appearance; 2, the itching, burning, or stinging sensation to which it gives rise; 3, its short duration, although the disease may be kept up indefinitely, owing to the occurrence of successive crops; 4, its not being followed by desquamation.

Treatment.—The first point in the management of any case of urticaria is to endeavor to find out, and, if possible, to remove, the cause or causes, the nature of which has already been sufficiently considered in a former section.

In acute cases, the eruption generally subsides within two or three days, when no treatment is adopted; but generally a sharp purge is of use, especially when, as in the majority of instances,