Suprarenal gland has also been tried for some weeks in a case of minor epilepsy of long standing, in which there is some intolerance of bromides. It has been extolled as useful in epilepsy generally, probably from its tonic effects, but in this case there was a special reason for trying it, as the fits had a tendency to come on at times when the brain was likely to be anaemic, and it was thought that by raising the blood-pressure this periodical anaemia might be counteracted. It cannot be said, however, that it had any effect in this case; but as only 5 gr. doses were given, which may have been too small, it will probably be desirable to repeat the trial. It may be mentioned that strontium bromide appeared to be better borne in this case than the ordinary bromides.

ART. V.—Pemphigus with Erythema Circinatum.* By HENRY C. DRURY, M.D. Univ. Dubl.; F.R.C.P.I.; Assistant-Physician to Sir Patrick Dun's Hospital; Physician to Cork-street Fever Hospital, Dublin.

M. R., aged fourteen, was admitted to Sir Patrick Dun's Hospital on August 15th, 1899. I saw him in the hall the day before, and offered to take him in, but he did not come till the next day. On the 14th, when he presented himself first, he had a scanty eruption on the face, chest, and arms, consisting of groups of small vesicles for the most part the size of boiled sago grains, some few being the size of small peas; there were a few on the eyelids and cheeks, also a few scattered about the chest and arms. He complained of having felt weak and not well for the past two or three days, but said the spots had only appeared that morning or during the previous night. He said his legs and feet had been swollen for a few days, and that his arms and hands felt so, though in reality they were not.

He was a small sized, delicate looking boy, but well nourished, and well cared for.

A year ago he had, so he stated, rheumatic fever, and in support of this there was found a well-marked mitral systolic murmur. The pulse, however, was quiet and regular, and there was no oedema of the lower extremities.

The family is a peculiar one; the mother is a fragile, delicate

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By Dr. H. C. Drury.

looking woman, with paralysis of the left third nerve; two sisters are epileptic.

Aug. 15th.—When examined on admission it was found he had developed a most extensive gyrate or circinate erythema over the entire trunk and upper parts of arms and legs. This consisted of larger and smaller circles, sharply marked off from the healthy skin by a distinctly raised margin. These circles were of a bright red colour, somewhat paler in the centre than at the margins; some were separate, but many coalesced, forming large, irregular gyrate patches. The amount of surface involved by this erythema was much greater than the area of healthy skin between. The individual patches varied in size from that of a pea to areas two to three inches across. He did not complain of any itching or burning, but said the body felt swelled. The vesicles seen on the previous day, though still for the most part small, were a little larger than before, and on his right side near the nipple was one bulla about the size of a nut, which made the diagnosis of the previous day more certain, though the appearance of erythema was a little perplexing.

16th.—On the next day we were surprised to find that the erythema had faded, though the evidences of it had not disappeared. The whole body was mapped out by gyrate markings; the margin still could be felt by the finger to be distinctly raised; inside this the patch showed a very faint brownish discoloration, which when viewed from a distance was distinctly seen, but when looked at closely could hardly be said to be different from the healthy skin outside the bounding ridge. In addition to this, however, a great increase had occurred in the size and number of the vesicles and bullæ.

For six or seven days after admission the bullæ increased in number and size, this latter feature being due partly to increase in individual bullæ, but chiefly to the coalescing of several, so that huge irregular bags of fluid were formed, measuring in some cases as much as three inches by two inches. Many of these had the appearance of ordinary pemphigus bullæ—viz., tense, clear blebs on a slightly red base—the blebs becoming turbid, flaccid, and finally bursting or drying up, leaving the foliaceous epidermis slightly adherent to the floor. Many however, especially the larger ones, became filled with highly sanguineous fluid, and on becoming ruptured there was considerable inflammation and ulceration.

So far as could be made out the bullæ occupied only the site of the erythematous patches before described, but fortunately the erythematous patches did not all become bullous. Isolated bullæ