

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT
OF SKIN-DISEASES.

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Hospital.

The following observations have reference chiefly to the pathology and treatment of skin-diseases, which ought certainly to be the main objects of our attention, rather than the arrangement and grouping of these affections according to minute distinctions.

Among 1500 cases of all kinds taken indiscriminately, and chiefly from the out-patients of St. Mary's Hospital, there were 142 cases of skin-diseases, exclusive of syphilitic. Of these, eczema numbers 38, impetigo 7, psoriasis 24, lichen 23, pemphigus 4, acne 4, lupoid disease 4, prurigo 2, pruritus 4, herpes zoster 5, parasitic disease 9, alopecia areata 3, purpura 3, pityriasis 2; while there remain ten cases of various other affections. Of course, a very much larger number of cases of skin-diseases have been treated, of which, for various reasons, it was not thought worth while to preserve a record. These have been chiefly the cases of eczema or impetigo, so common among children. The proportion of skin-diseases to other disorders is not, however, disturbed by their omission, as a vast number of other cases of all kinds have been similarly omitted. The following table shows the influence of sex:—

	M.	F.		M.	F.
Eczema	12	27		2	2
Impetigo	5	2		2	0
Herpes zoster	0	5		2	2
Pemphigus	1	3		4	5
Psoriasis	6	18		2	2
Lichen	9	14			
Pityriasis	0	2		48	84
Purpura	2	1			

As to age: of the eczema cases, 15 were under 10, and 23 under 20 years; the rest above. Of the impetigo cases, 1 was under 10, 4 under 20, the rest above. Of the pemphigus cases, 1 was under 10 (aged 1), and 4 under 20. Of the herpes zoster cases, 2 were under 20, the rest above 40. Of the psoriasis cases, 2 were under 10, 3 under 15, 10 under 20; the rest above. Of the lichen cases, 3 were under 10 years of age, and 10 under 20. Of the pruritus cases, 1 was under 10, 4 above 40. One of the purpura patients was under 20, the two others 52 and 67. One of the pityriasis cases was aged 13, the other 19. One case of prurigo was aged 25, the other 71. The youngest lupoid case was 27, the oldest 74. Of the cases of parasitic disease, 6 were under 10, 7 under 20. One case of alopecia areata was 6, one 11, and one 26 years old. One case only of acne was under 20.

I proceed to make a few remarks on these several forms of disease, and to notice some of the more remarkable cases occurring in each group.

Eczema is so common and so well marked an affection, that it always appears to me very worthy of careful consideration, as likely to afford to the inquirer some sound basis for a true pathology of this class of disorder. The generally received view of the nature of skin-diseases regards them as eliminative efforts of the system, and as resulting from the presence of some poison or *materies morbi* in the circulating blood. Even

our patients console themselves with the thought that the eruption "is better out than in"; and look very mistrustfully at you, if you do not cordially assent. The analogy of the exanthemata and of syphilis are the principal arguments in support of this theory. No direct evidence has, however, yet been adduced to prove it, such as inoculability, or the detection of the supposed *materies morbi*. It is quite possible this view may be correct; but I think it may be worth while to compare it with others which may be proposed, and to consider which accords best with the observed phenomena.

Now, in eczema, we have hyperæmia, and more or less actual inflammation of skin with detachment of epidermis, and exudation of albuminoid liquid. The inflammatory action may be sthenic or asthenic, according to the greater or less irritability of the tissue. What a close correspondence there is between this state and catarrhal affection of the mucous membranes, it seems scarcely needful to point out. In both cases, a cell-bearing tegumentary surface is inflamed, and continually throws off immature epithelium, and other corpuscles which we denominate by the epithet of pus or mucus. The majority of cases of eczema (and impetigo) correspond most to chronic catarrh; but there are a few I have met with in which the eruption coincided with recent bronchial or intestinal, so markedly, that the idea was necessarily suggested that the mucous and cutaneous disorder had the same origin, and were of the same nature. Now, though we often speak of influenza poison, or speculate on catarrh being caused by some *materies morbi*, as suppressed perspiration, in the blood, there is no question but that practically we take small account of such views. We know we have to deal with an inflammation, more or less acute or sthenic, or the reverse; and we employ the measures which we find to be appropriate to such a pathological condition as we judge to exist. If there be sthenic disorder, we have recourse to antiphlogistic treatment; if asthenic, to stimulant; and if, as commonly happens, the state is intermediate, we trim between the two as well as we can. We do not set ourselves to sweep the poison out of the system by sweating, or purging, or diuresis. We may use these means to some extent to equalise disturbances in the circulation, as Virchow has it; but not with any direct eliminant intention. As the local disorder subsides, the various secretions will doubtless be increased; but they cannot be forced prematurely, with any advantage, and, especially in asthenic affections, they may be profuse when the disorder is at its height. In the management of eczema, and various other kindred eruptions, we do just the same. We have no specific treatment; we have no thought of giving arsenic always and in all cases; but we shape our course according to the grade and character of the inflammation. In both cases, it seems we come to this: that, therapeutically, we do not consider either catarrh or eczema to result from poison in the blood; or, at least, if this poison be there, we are content to let it remain, perhaps the more as we know no means for getting rid of it. In truth, we act, however we may theorise, as dynamists, and not as humorists. If either inner or outer tegument be inflamed sthenically, we let blood, or purge, or give salines, or antimony, etc., with the view of diminishing the stress of the blood-current in the inflamed part and the tissue-irritation. If the inflammation be asthenic, we give tonic remedies, which probably act by contracting the smaller arteries, and lessening the permeability of the capillary walls. In neither case, do we distinctly aim at elimination. We regard the actions of the affected part, of its tissue or its vaso-motor nerves, as having got in some way deranged, and we simply endeavour to restore them. Now, we may fairly say (regard being always had to the natural course of disease) that the proof of a mode of treatment being correct is its success; and thus I cannot but

think that our daily experience furnishes very considerable proof that the commonest inflammation of the skin and mucous membranes are by no means necessarily the results of blood-poisoning, or have much claim to be viewed as eliminative efforts.

The neuropathic theory seems to me quite as probable as the poison one, as much supported by facts, and more consonant with the results of therapeutic procedure. It is a matter of certainty that irritation in one part may set up inflammation in another, acting through the medium of trophic nerves. Direct irritation of nerves is also capable of producing severe inflammation in the parts to which they are distributed, which may even take the form of groups of vesicles. (Bärensprung, On Herpes. *Annalen des Char. Krankenh.*, vol. ix, part 2, page 40.) Paralysis of vaso-motor nerves is also capable of giving rise to severe inflammation (Bernard's *Lectures*, and the author in *Lancet*, July 21 and 28, 1855); though this is probably, in most cases, more of an asthenic character. This paralysis may be induced by inhibitory agency (author in *BRIT. MED. JOUR.*, Feb. 5th, 1859); that is to say, a morbid impression communicated from some surface or part is transmitted to the nervous centre, where it produces some change which prevents the transmission of motor impulses along one or more nerves implanted there. The morbid impression may be temporary; but its effects may be more enduring. Again, irritation may be reflected in the same way along trophic nerves (as just stated), and produce inflammation by the "disturbed plasturgic force of the nervous system." (Paget). In all these cases, there is no doubt that the dynamic state of the tissues is often of as much importance as the presence of the irritant. One system is morbidly affected by that which another is impassive to. Different systems are affected differently by the same *causa mali*. In one case, an irritation, say exposure to wet and cold, will affect cerebro-spinal nerves, and cause paralysis of voluntary muscles. In another, it will be reflected on vaso-motor nerves, and cause their paresis and its quasi-inflammatory results. In another, again, the irritation may affect the trophic nerves, and inflame the tissue they supply.

I must add that it seems to me by no means unreasonable to admit that a tissue of any kind may have its nutrition disordered or enfeebled simply by an error or failure of its vital power. What else can we say when a fatty tumour, a fibrous, a colloid, or encephaloid, grows up in any part, or when an ovary rushes into some huge anomalous development? Is it not very conceivable that a sympathetic nerve may fail in its nutrition for a greater or less extent, lose its functional power, and that the well known consequences of such paresis should then ensue? What is scrofulous ophthalmia but a retinal hyperæsthesia, which originates, for the most part, in general debility? Mere mental depression will give rise to scurvy (*Amer. Med. Times*, June 1st, 1861), which implies considerable impairment of the texture of the capillaries.

The blood is the normal excitant of the tissues; muscles deprived of it are paralysed, though we know, from observation of an amputated limb, that their contractility does not immediately cease. Is it not very conceivable that the blood may irritate parts, not because it is itself unhealthy, but because the tissue has become unduly irritable? It is quite certain that the same part, say the skin, in different individuals, differs much in proneness to irritation; in some being very susceptible, in others the reverse. May not a change of this kind occur in the same individual, a part of previously normal susceptibility becoming unduly irritable? I am much disposed to think that changes of this kind take place in the shifting inflammations of asthenic gout and rheumatism. The blood remains in the same state, contains the same *materies morbi*; but the state of the tissues alters in ac-

cordance with varying nervous influence. Thus, as pains "fly about," so do the inflammatory disorders, as being dependent for their locality on this uncertain factor.

Vanzetti's experiments, by compressing the artery of an inflamed limb, seem to show clearly that blood acts as an irritant to an inflamed part; and that, if it be excluded for some hours, the inflammatory phenomena cease. This surely indicates that the tissue may initiate the process. The importance of the state of the tissues, especially of the nervous, is shown very strikingly by the history of cases of syphilis and ague; as long as the general health is vigorous, the poison remains latent in the system, but reappears and reasserts its potency when the health gives way.

Lastly, admitting, as I am rather inclined to do, that there may be some unhealthy state of the blood in eczema and other skin-eruptions, it by no means follows that we are to conceive of this as consisting in a definite and separable poisonous matter being dissolved in the blood, and exciting eliminatory efforts in various parts. On the contrary, all that the facts on this supposition can warrant is, that the morbid blood disorders the nutrition of the tissues. Of eliminatory action, I see not one tittle of proof. If the blood be so far abnormal as to cause morbid phenomena, it is certainly most probable that its whole organic matter is in fault, and that what is wanted is not elimination, but improvement or renovation of the fluid by the various processes concerned in nutrition.

Besides the invariably necessary distinction of sthenic and asthenic eczema, there is only one variety which seems to me practically worth some notice; viz., *eczema figuratum*. The name sufficiently describes its visible character; but it is to be mentioned that it is decidedly more prone to relapse, and requires larger doses of arsenic than diffuse eczema. It occurs on the face, arms, and legs. *Eczema rubrum* and *eczema impetiginodes* are simply more intense, and usually sthenic forms of the disease.

Eczema, like all other disorders, is more difficult of cure in the old than in the young; but the principles of treatment in both are the same. With regard to its acting as a "safety-valve" to the system, which must not be removed without establishing some equivalent, as Mr. E. Wilson teaches, I confess, in the great majority of cases, there seems to be no ground whatever for the notion. If, indeed, a person were manifestly plethoric, addicted to excess, liable to cerebral determination of blood, or to any other serious ailment, I should think it prudent, either simply to moderate the eruption, giving an occasional purge, or I should regulate the diet and mode of life, diminish the mass of blood if necessary, and then cure the disease.

With regard to the treatment of eczema, there seem to be marvellous discrepancies between our own practice and that of our German brethren. I suppose most of us agree in the main with the principles so well and lucidly laid down fifteen years ago by Mr. Hunt; viz., first to reduce sthenic inflammatory excitement if it exists, and then to give arsenic so as to produce a decided effect on the system, which is usually evidenced by some conjunctivitis. But hear Hebra. Local treatment is the chief thing to be attended to; in no case must internal treatment be used alone; for as long as the itching lasts the patients will scratch themselves, and make the state of the skin worse. Arsenic is the only internal remedy which has any curative effect; and it must be given in large doses, which are liable to cause suspicious accidents. Purgatives are injurious, cod-liver oil useless. Various, more or less caustic, external applications seem to be his chief resources. He tried at first concentrated mineral acids; but "*abgesehen von der heftigen Schmerzen, entsprachen die Ergebnisse nicht.*" He then resorted to alkalis, which he still uses, in

solutions of various strengths, the most concentrated containing a drachm of caustic potash to two drachms of water! *Schmier-soap*, potash-glycerine, and solution of two grains of bichloride of mercury in an ounce of water, are also used. After clearing away the crusts and scabs, if the affected part be infiltrated and thickened, he applies the above alkaline caustics, which are to be perseveringly used as long as they produce a pretty strong reaction of the morbid surface; viz., excoriations, red pimples, and vesicles. When the reaction ceases, he resorts to tar diluted with alcohol, to oleum fagi, *huile de cade*, or to ointments containing the usual preparations of mercury, zinc, or lead. "In cases of relapses, which are by no means of rare occurrence, the whole treatment must immediately be gone through again." I have read that Hebra is in the habit of mentioning facetiously in his lectures, Mr. Hunt's remark that skin-disease (not parasitic) is either syphilitic, or to be treated by arsenic. Of a truth, I think our countryman may smile in his turn after the above quotation. (Canstatt's *Jahresbericht*, 1860, vol. iii, page 312.) Let me not, however, be supposed to decry Hebra's proceeding, which I have no doubt is the result of long and careful study, and is justified by its success. It is, I can well believe, the most suitable to German skins; but *μη γυναικί* that I should subject an English tegument to it, so long, at least, as I can cure the disease by our usual means.

It is certainly not common, at the present day, to meet with acute sthenic eczema requiring bloodletting, antimony, and purging. One patient, however, is at present in St. Mary's under Dr. Chambers's care, who has been bled twice to eight ounces with great advantage. Cases are given by Mr. Hunt and Mr. Green, which appear to me highly worthy of consideration, not only as regards the disease in question, but inflammatory disease generally. Both practitioners have their favourite cutaneous stimuli. Mr. Hunt's is arsenic internally; Mr. Green's the sulphur fume bath. Both, however, are well aware that their remedy must not be used indiscriminately, but in appropriate cases. When, therefore, the system shows evidence of acute sthenic inflammation, both agree to use bloodletting, repeatedly if needful, to purge, and enforce low diet; and the results prove the correctness of the practice.

When the force of the inflammation (what I denominate the tissue-irritation) is subdued by these antiphlogistic measures, then the specific stimulus may be used with the best effect; while, as appears from some of the records, if used too early, it only aggravates the disorder. Now here we have instances of a manifest, visible inflammation, pouring out exudation, which is unquestionably materially relieved by bloodletting, and the like means which lessen the blood, and the intravascular pressure. Is not this good warrant for concluding that if the same type of disorder affected the lungs, the brain, or the bowels, we should do right to act in the same way. To me, I confess, it seems so; though the cases demanding this treatment (at least in London) at the present day are few. It may then be said shortly that bloodletting, if the symptoms require it, leeches, saline aperients, preceded by calomel or podophyllin, antimony in small doses, low diet, and cooling drinks, are the means to be employed in sthenic eczema. Tepid fomentations of the affected part with thin gruel, or gelatine solution, or glycerine diluted with water, are soothing and beneficial. In severe general eczema, I am much disposed to think that daily packing with the wet sheet would be of material advantage, as it was in a case of psoriasis I shall subsequently mention.

I subjoin short notes of two cases of sthenic eczema:

CASE I. C. C., aged 21, was admitted February 27th, having been ill one month, with vesicular eczematoid eruption on the thighs and chest. The catamenia had never appeared. She was in good flesh; rather san-

guine; pulse of good force. There being no febrile excitement, a trial was made of arsenic, with iodide of potassium, bicarbonate of potash, and colchicum wine, and an occasional mercurial aperient. This disagreeing, mild purging with sulphate and carbonate of magnesia was resorted to, with good effect. The eruption, however, relapsing, arsenic was tried again, in doses of four minims of the solution twice daily with meals; but it aggravated the skin-disease and caused stomach derangement. I now ordered a calomel purge, bloodletting to five ounces, and alkali with saline three times a day. This treatment gave immediate relief, and in nine days the eruption was almost well; and though the patient continued under treatment for amenorrhœa, etc., for several months, it was never again the cause of material annoyance.

CASE II. J. L., aged 19, was admitted September 27. He had been ill ten days or a fortnight. He had a papular rash all over him; on the hands, the left especially, it developed well marked pustular vesicles; and about the left elbow there was sero-purulent discharge from confluent vesicles or excoriations, the skin being inflamed and bleeding at some points. His general health was tolerable. He was treated with salines and sulphate of magnesia, and with lead-lotion, for a week, and was then improved. He then took salines with nitre, iodide of potassium, and colchicum wine, and went into the country, where he got quite well. This case contrasts strongly with Case v, where the disease continued twelve months until effectually treated.

Asthenic, passive, non-febrile eczema, is marked typically by the absence of signs of active inflammation; the skin being cool; the pulse quiet and weak; the urine free and palish; the affected part not vividly red, nor much swelled; and the general system apyretic. There are, however, not a few intermediate cases where the state is such as to give rise to considerable doubt whether the treatment should be stimulant or the reverse. In these, it is mostly well to observe the effect of salines and moderate purging at first; and, if these means seem inoperative, to resort then to the specific stimulus. In some cases, however, very good results are attained by the use of arsenic in a saline mixture, and guarded with a little tincture of opium. The addition of small doses of iodide of potassium and colchicum wine is in some instances of advantage, I think, though I cannot speak of it positively.

The following history shows the failure of bloodletting in a condition which apparently was not unlike that of Case i.

CASE III. S. A., aged 46, of large and handsome make and sanguine aspect, was admitted March 5th. She was menorrhagic, and had suffered from bleeding piles, besides an attack of profuse hæmatemesis and some hæmoptysis. She was very hyperæsthetic, and was troubled by continually recurring eczema in the neck, flexures of elbows and other parts. I found her intolerant of arsenic, even in small doses (a minim of liquor arsenicalis three times a day); but strychnia was of material service. On one occasion, her pulse being 96, and apparently of good force, while there was some recurrence of the eruption, I bled her to six ounces, still continuing the strychnia in doses of one-sixteenth of a grain thrice daily. This prostrated her very much for some time, and was of no real benefit to the eruption, which was much checked by an ointment of lead and zinc. I believe both the hæmorrhages and the eruption were in a measure dependent on debility involving the vaso-motor as well as the general nervous system. In such states, the capillary membranes lose their tone and resisting power *pari passu* with the nerves.

Two cases of well-marked asthenic eczema shall serve as illustrations of the usual treatment.

CASE IV. M. A. W., aged 69, was admitted October 2nd. She had been ill three weeks with diffused eczema

affecting chiefly the arms and face; prickling pains occurred in the arms and legs, as prodromata of the eruption. Her hands were cold. She was very weak. She had taken much aperient physic. Four minims of liquor potassæ arsenitis were given three times a day in an ounce of citrate of potash mixture; and a lotion of an ounce of glycerine and three drachms of liquor plumbi diacetatis, with seven ounces of distilled water, was ordered. On Oct. 14th, she was very greatly improved, but complained exceedingly of uneasy sensations in the skin. The treatment was continued, and zinc ointment was ordered. On the 21st, the skin of the face was natural, that of the arms too hot and red. The bowels were relaxed. Six minims of tincture of opium were added to each dose of the mixture. On Nov. 4th, the diarrhœa had ceased; the arms and face were just well. She continued her mixture twice daily till Dec. 9th, and then had quinine and cod-liver oil till the 19th, when she was discharged well.

CASE V. J. C., aged 49, was admitted February 15th. He had been ill twelve months, and had been laid up during ten. He had very extensive eczema of the left leg, forming a tolerably defined area, occupying fully two-thirds of the limb, and some parts also of the foot. There was copious discharge. There was slight affection of the right leg. He was a weakly man, badly off. He was ordered to apply an ointment of two ounces of zinc ointment with a drachm and a half of subcarbonate of lead; and to take, three times a day, five minims of liquor potassæ arsenitis and three grains of carbonate of ammonia in an ounce of acetate of ammonia mixture. On the 22nd, he was improved. Half a drachm of tincture of cinchona and an ounce of compound infusion of gentian were substituted for the acetate of ammonia mixture in the medicine. On March 1st, he was improving, and had less discharge; there were semi-adherent scabs all over the leg. He was shown how to remove these cautiously before rubbing in the ointment. On the 24th, the leg was well. It is perhaps worth mention that, a week after his recovery, his son, aged about 14, applied with a large recent patch of eczema on the left arm.

It will be observed that, in the latter of these two cases, tonic treatment was employed more boldly and freely than in the first, where it was needful to modify it. The following is a well-marked instance of eczema figuratum.

CASE VI. S. G., aged 12, was admitted May 28th, 1860, having been ill two weeks. She had a patch of irregular circular shape on the outside of the upper part of the right arm, excoriated and covered with scabs; there were numerous scattered quasi-papules around the patch. She had a bad cough; skin hottish; tongue too dry, reddish. Salines with carbonate and sulphate of magnesia, alterative doses of hydrargyrum cum cretâ, and an ointment of zinc, lead, and nitric oxide of mercury, produced no good effect, except that in a week the tongue was clean, and the skin cool. Liquor potassæ arsenitis was then given, and water-dressing or lead-lotion used locally. She took five and six minims thrice daily, with benefit; but complete recovery did not take place till the dose was raised to eight minims, after which she ceased attendance. The next year she reappeared, with the same kind of eruption on the other arm. Arsenic was now given at once, with citrate of quinine and iron, or tincture of cinchona and compound infusion of gentian; but the dose had to be raised to fifteen minims thrice daily before she recovered, which she did in two months. This year (1862) she came again on January 23rd, with a relapse. Similar treatment was employed; the dose of arsenic was raised from six to ten minims three times a day before she recovered, on March 17th. A lotion of an ounce of tincture of opium and an ounce of glycerine seemed to be of real advantage.

In evidence that locality requires no essential modification of the treatment, I subjoin the following instance.

CASE VII. M. F., aged 3, was admitted December 6th. The eruption had first appeared twelve months since; the present attack was of four months date. The whole scalp almost, the ears, and the skin around the eyes, was congested, red, and exuded serum, which concreted into scabs. There was erythema intertrigo between the thighs, and patches of red congestion on the trunk. The treatment consisted of small doses of liquor potassæ arsenitis, iodide of potassium, and cod-liver oil, with strong lead lotion or dilute citrine ointment, with which she quite recovered by the end of January. A relapse occurred, but the same means were again quite successful.

Instances are sometimes met with of acute eczema, which, from the coexistence of marked catarrhal symptoms, and from the general character of the disorder, may be denominated catarrhal eczema. The following is an example.

CASE VIII. J. J., aged 24, was admitted Jan. 6th. He first saw some spots six or seven weeks previously, on the elbows and about the fingers; during the last six days he had had an eruption of vesicles, which suppurated and scabbed. The clefts of the fingers were affected, but not nearly so much as the wrists. There were also numerous papules. He had more throbbing than itching in the affected parts, and much sero-purulent discharge. He had a violent cold and cough, but did not feel "bodily ill"; he was not feverish. Tongue clean; appetite good; bowels much relaxed; urine free. He drank hard. He never had chancre. He was ordered to take five grains of Dover's powder after each diarrhœal evacuation; to apply strong lead lotion to the affected parts; and to take three times a day four minims of liquor potassæ arsenitis, a scruple or bicarbonate of potash, and four minims of tincture of opium, in an ounce of camphor mixture. On the 10th, the left hand was much swollen at the back by subcutaneous effusion, and tender; the eruption on the hands was much improved. The bowels were quiet. The treatment was continued; three leeches were applied to the hand; and dilute ointment of nitrate of mercury was ordered. On the 13th, the swelling of the hands was less; he had not much itching. The treatment was continued, the leeches being repeated. On the 20th, the hands were greatly improved; the eruption was almost well. He was ordered to take seven minims of liquor potassæ arsenitis, in an ounce of compound infusion of gentian, three times a day. He did not attend again. It may be said in this case, that there was bronchial, intestinal, and cutaneous catarrh, which probably originated from the same exciting cause, and subsided under a tonic and sedative treatment. Could the discharges which were thus suppressed, with simultaneous improvement of the health, have been the result of eliminatory actions ridding the system of a poison? It is hard to think so. There was some appearance in this case of an occurrence which is not uncommon in many cutaneous eruptions; viz., the formation of one or more largish furuncles. These generally appear in the progress of cure, or towards the end, and seem to me to indicate the transfer of the disordered action to an adjacent seat.

It remains, in concluding these remarks on eczema, that I should say something as to the *modus operandi* of the remedies employed. First, then, there seems no doubt that in the cases recognised as sthenic, and treated successfully by antiphlogistic means, these must act in the way of lowering and diminishing the morbid excitement of the cutaneous tissue, which is attracting blood to itself in undue quantity. This seems the only rational view that can be taken. Secondly, as to the action of arsenic in asthenic or non-febrile eczema, it seems to me highly probable that this drug acts by

affecting the vaso-motor nerves of the cutaneous arteries, which contract under the stimulus, and so shut off the over-supply of blood to the part inflamed. This is no gratuitous hypothesis. We know for certain that arsenic does act on nerve-tissue in the cure of neuralgia; and, if it can affect cerebro-spinal, there is no reason that it may not similarly affect sympathetic nerves. The cure of a menorrhagia, a diarrhoea, or scleritis, may be explained in the same way. When one sees a hot, red, serum-exuding part become cool, pale, and dry, under the influence of arsenic, one is involuntarily reminded of the experiment of galvanising the upper end of a divided cervical sympathetic; and it seems scarce possible that so close a correspondence should be merely accidental.

The conclusions which I am led to adopt with regard to eczema are, that—(1). It is a superficial cutaneous inflammation, closely analogous to the common catarrhal inflammations of mucous tissue; (2). There is no evidence that it is the result of any separable virus, or that it ought to be regarded as an eliminative effort; (3). Like all inflammations, its two important forms are, the *sthenic*, in which the tissue is unduly irritable; and the *asthenic*, which calls for arsenic, which it may be necessary to give in rather large doses, especially in the figurate variety; (4). It does not seem at all essential to produce conjunctivitis, to secure the curative action of arsenic; (5). Given with ordinary precautions, arsenic is a perfectly safe and very manageable and efficient remedy.

[To be continued.]

WEST OF LONDON HOSPITAL, HAMMERSMITH.

DISLOCATION OF THE HUMERUS COMPLICATED WITH FRACTURE OF THE SURGICAL NECK; REDUCTION UNDER CHLOROFORM BY MANIPULATION.

Under the care of ERNEST HART, Esq.

AN old man, who stated his age to be between 80 and 90, while holding the head of a restless horse, was tripped up by a sudden movement of the horse, and fell heavily on the inner part of his elbow, which was at the time elevated and separated from his body. He was brought to the hospital immediately.

Many of the diagnostic signs of dislocation of the humerus downwards could be discerned. There was flattening of the deltoid muscle, with projection of the acromion process, and fulness of the axilla. But the elbow was not so widely separated from the side of the body as may be observed in the uncomplicated dislocation of the head of the bone, and it was possible to approximate it to the middle line without compelling the patient to depress the corresponding shoulder. This could be carried so far that the surgeon could bring the fingers of the injured limb over to the sound shoulder while the elbow touched the front of the chest. In uncomplicated dislocation of the humerus downwards, it is not possible to perform these latter manœuvres, which afford valuable means of diagnosis. Here they could be accomplished, not by the patient himself, but by the surgeon grasping the limb; but their performance caused pain to the patient. On examining the cause of this preternatural mobility in a limb which was evidently dislocated at the shoulder-joint, it was ascertained that the humerus was also fractured, and that the fracture was just below the junction of the head with the shaft, probably therefore at the surgical neck. In view of this unpleasant and unusual complication, Mr. Hart caused chloroform to be administered up to the point of producing complete anæsthesia and relaxation of the muscular tissues. The head of the bone could be felt very distinctly in its abnormal position; and standing behind the patient, passing one hand into the axilla, and steadying the shoulder with the other, the surgeon succeeded

quickly in returning the head of the bone into the glenoid cavity. The ordinary padded splints were then applied, the fracture being set in the usual way; a firm pad was placed in the axilla, the elbow supported, the forearm flexed across the body, and the whole limb fixed by being bandaged to the trunk. The patient made a good recovery; there being natural movement at the shoulder after the fracture had consolidated, and no deformity. But when last seen the arm was weak, and there was some degree of numbness in the forearm.

REMARKS. The complication of fracture of the shaft of one of the long bones, with dislocation of its head, is of unusual occurrence. It has been described by systematic authors as increasing considerably the difficulty of reduction; and the advice has been given to consolidate the fracture first, and attempt the reduction afterwards. It may be doubted whether that practice would be good under any circumstances; since, by delaying the reduction until consolidation had become complete, the difficulties of the operation would be greatly increased, and, in the majority of cases, any attempts made with a permissible degree of force would, at that distance of time, be ineffectual. The force required to reduce a dislocation of the humerus of two to three months standing—supposing the callus to be sufficiently ossified by that time—is very considerable; indeed, dislocations left so long have been found practically irreducible; and the danger of breaking down or injuring the uniting tissue, and refracturing the bone, would greatly hamper the surgeon in his efforts.

Another more successful method of dealing with these cases has also been proposed and carried out. It consists in firmly putting up the fracture in splints, completely encasing the limb, and then proceeding at once to effect reduction in the usual way, but taking care to apply extension only to the apparatus of splints, and not to drag upon the fracture. In certain cases, such as fracture of the middle of the shaft of the humerus, or of the shaft of the femur, with dislocation of the head of the bone, that method is evidently, to some extent, well founded and applicable. But in cases such as the present, it could not be applied; for it could not be possible so to adapt the splints that the extending force should be directed through them to the portion of the bone above, and not that below the line of fracture; the separation existing immediately below the head of the humerus. Before the introduction of chloroform into surgical use, and the consequent facilities for procuring complete muscular relaxation, this dislocation would have been irremediable, and the case must have ranked among the failures of the art; but by procuring complete anæsthesia, it was possible to elevate the head of the bone into its place by direct manipulation with the hand. The final result of the case was very satisfactory. The degree of weakness and numbness mentioned as consequent to the recovery, is probably to be referred to injury done to the axillary plexus by the pressure of the bone at the time of the accident. Had reduction been attempted by putting on splints, and the application of the extending and rotating force to those splints, the injury might have been increased.

HYDROPHOBIA. It may be remembered that in the month of February last, we gave an account of a young girl having been attacked by a wolf at Breil, in the arrondissement of Nice, and of her being saved by the courage of a brigadier, named Dellerba. We regret to announce that this latter has just died a victim to his devotedness. The wounds which he received in his struggle with the animal were healing favourably, and his complete recovery was looked on as certain, when, about a week ago, fifty days after the event, symptoms of hydrophobia came on, and he died two days afterwards in a fearful paroxysm of madness. (*Galignani's Messenger*.)