ciated with the cancerous cachexia, often with cancerous disease of other organs." (Here neither of these existed.) "In many cases, it forms a hard but moveable tumour in the epigastrium." (Here was absolutely none.) "Its pain has generally a lancinating character, and a time of appearance that belongs rather to the later stage of gastric digestion than that which succeeds deglutition." (Here was *no* pain, and vomiting came on immediately after the food.) "Its hæmorrhage is more scanty, viz., than that of gastric ulcer." (Here it was very profuse and *arterial*.)

B. *Abdominal aneurism*, by Dr. J. H. Bennett. "A swelling more or less defined." (This was not present.) "An expansive impulse on applying the hand." (This was very marked in your case.) "A bellows murmur synchronous with or immediately following the heart's systole." (Also very distinct in your case.) "Generally loudest over the tumour, and propagated down the aorta." "The other symptoms are very various, consisting of dragging, or other pain more or less prolonged, owing to pressure, together with functional disturbance." (Dragging sensation was present, with vomiting, which might have been due to pressure.)

On reviewing the whole case with the light which the *post mortem* examination has thrown upon it, I still feel that the diagnosis between malignant ulceration and abdominal aneurism was a difficult one: and though a case which I mentioned to you as having a short time since occurred to Mr. Daniell of Kegworth and myself, where malignant disease of the stomach produced not only pulsation and murmur, but even epigastric swelling, tended very much to point my suspicions to some stomach ulceration as the disease in this instance, yet the occurrence of former hæmorrhage and apparent recovery, the date and progression of the general symptoms; the absence of hardness, pain, cancerous cachexia, or family history; the presence of concurrent cardiac disease, and the profuse arterial hæmorrhage, all went to negative this supposition, and (with the one exception of absence of tumour, which was equally an absent symptom in the other theory) seemed to favour the idea of aneurism.

"Various cases on record," says Dr. Bennett, "have presented a train of very anomalous symptoms, and at various times been considered as different diseases by medical practitioners." Dr. Gairdner gives a striking illustration in his *Clinical Medicine*, p. 495. The case was one of aneurism of the superior mesenteric, and in relation to it Dr. Gairdner remarks:—"The whole of the phenomena under observation at the time of the first attack of hæmatemesis (these were briefly: sickness and vomiting after food, dull pain with tightness and oppression at the epigastrium, anæmia from loss of blood and tendency to syncope, slight epigastric pulsation unaccompanied by any appreciable tumour) were such as to lead directly to the supposition of a chronic ulcer of the stomach."

According to Stokes, the affections which simulate abdominal aneurisms may be divided into two classes, viz., those in which belly tumours receive a communicated pulsation, and those in which there is simply an increased action of the abdominal aorta.

By the absence of tumour in the case before us, one main diagnostic symptom was denied; the murmur was not jerking, but pretty continuous, and therefore like; but it was systolic, and therefore unlike that of an abdominal aneurism. Both the throbbing and the murmur which existed did not depend probably so much upon the anæmia from loss of blood (as they were noticed before this had occurred to any great extent) as upon the irritation of the stomach disease, analogous, as was pointed out by Dr. Stokes, and confirmed by Dr. Hope, to that form of carotid throbbing which occurs in cerebritis, or of the radials in whitlow.

The case is also interesting, as it bears somewhat upon the discussion between Dr. Gairdner and Dr. Ormerod on the significance of mitral murmur. The murmur here was exactly correspondent with the apex of the left ventricle. It *commenced* with the first sound when this was at its maximum of intensity, and shaded down into and almost through the pause. After death, there was found a nodule of lymph on the free edge of one flap of the mitral valve. I make no deduction here, but simply mention the facts as they stand.

Yours truly,

WM. TINDAL ROBERTSON.

William Date, Esq.

IS SIMPLE ACUTE ERYSIPELAS A LOCAL OR A CONSTITUTIONAL DISEASE?

By JOHN HIGGINBOTTOM, F.R.S., Nottingham.

IN March 1853, I read a paper before the Midland Counties Branch of the Provincial Medical and Surgical Association at Nottingham, with the following queries.

1. Is simple acute erysipelas a purely local or a constitutional disease?

2. Is it sometimes a local, and sometimes a constituional disease?

3. Is it simultaneously, both a local and a constitutional disease?

Not having had any answers to the above queries, I repeated them in this JOURNAL on October 10th, 1864, with another query.

Why is erysipelas classed with the exanthemata?

Not having yet been favoured with an opinion from any of my medical brethren, I proceed to give my own from the following facts.

1. I have attended a number of cases of erysipelas on the face and elsewhere, at an early stage of the disease, where there have been no constitutional symptoms; in these, the disease has been directly arrested and subdued by the application of the nitrate of silver. If the erysipelas had been allowed to proceed without the local application, constitutional disturbance would have been the result.

2. If from exposure to wet or cold, etc., a feverish attack takes place, and in several days erysipelatous inflammation supervenes, on a prompt application of the nitrate of silver, along with the usual remedies for the cold, the patient becomes convalescent in a few days; but if the local application be neglected, the inflammation runs its usual course, the constitutional symptoms become more aggravated, and the illness is much prolonged.

3. If the erysipelas and constitutional symptoms appear simultaneously, a prompt application of the nitrate of silver at an early stage of the complaint, and the use of active constitutional remedies, cut short the disease; the patient is soon convalescent; but if the local application have not been used, the disease runs its usual and often destructive course, setting at defiance the most active constitutional treatment.

For many years past I have considered that simple acute erysipelas is a purely local disease, and ought not to be classed with the exanthemata, or constitutional diseases; and that the constitutional derangement alone arises from the local disturbance. I believe the application of the nitrate of silver in erysipelas fully attests it to be a local and not a constitutional disease, as it can be always arrested and subdued by its application.

Various reasons have deterred surgeons from using the nitrate of silver as an external application in erysipelas. One is, that it has been classed with the exanthemata, or as a constitutional disease; and it has been feared that the application would cause metastasis or a determination of the inflammation to internal organs. I have never entertained such an opinion; nor have I seen a single instance in which the application had produced any untoward effects, during the more than forty years I have used it.

Medical men appear to have paid more attention to the application of the nitrate of silver in erysipelas than in other complaints, although they have been treated of in my work *On the Treatment of Inflammation, Wounds, and Ulcers.*

The use of the nitrate of silver in erysipelas having been uniformly successful in my own hands, I was led to investigate the reason why it was not equally so when used by others; this soon became apparent when I observed how very inefficiently the remedy was used both as to the different degrees of the strength of the solution of the nitrate of silver, and the various methods of its appliation. Were I to record the erroneous directions in the manuals and authors of the present day, a page or two would not suffice. I will relate two.

Mr. Nunneley, in his monograph *On Erysipelas,* in mentioning my treatment of the disease with the nitrate of silver, recommends "from eight to twelve grains of the nitrate of silver to one ounce of distilled water, or six or eight grains in the same quantity of rectified spirit", instead of the concentrated solution I have always used of one hundred and sixty grains of the nitrate of silver to one ounce of distilled water. The weak solution named by Mr. Nunneley is insufficient to arrest the disease, but quite sufficient to bring the remedy into discredit.

In the other case, a surgeon had severe erysipelas on the face and head, and was attended by several of his medical brethren. I was informed that the nitrate of silver had been applied; when I visited him he had violent delirium, causing him to become unmanageable. I observed that the nitrate of silver had been applied on one side of his face, allowing the inflammation to spread over the remainder of the face and the scalp, producing severe cerebral disturbance. By a proper and early application of the nitrate of silver, all the mischief would have been prevented.

An early obstacle to the general and free use of the nitrate of silver arose from the impression on the minds of surgeons that it is a caustic—a *destructive agent.* From the commencement of its application I found that this was not so, and many surgeons of the present day agree with me that it is a *real preservative agent.* I have never seen the cutis vera destroyed by it; indeed, it will not even raise a blister so effectually as cantharides.

For the successful application of the nitrate of silver, the ordinary brittle stick must be used, either in substance or in the concentrated solution; not "the lunar caustic points perfectly tough," nor any of the new preparations of the nitrate of silver, as the crystals and cake used for photographic purposes. (*Vide* British Medical Journal, July 11th, 1863.)

I have never used a weaker solution than one scruple of the nitrate of silver to one drachm of distilled water, or eight scruples to the ounce of water.

The nitrate of silver has a specific course in its effects when applied on an inflamed skin; its progressive action continues during the first, the second, and the third days, and declines on the fourth, at which period the action of the nitrate of silver and the inflammation of the skin cease simultaneously.

In every case of external inflammation, I apply the nitrate of silver on the whole of the inflamed surface, and beyond it on the healthy skin to the extent of one or two inches, according to the severity of the inflammation. If the inflammation should progress beyond the boundary, it is usually weaker, and is easily subdued by a repetition of the application. I have not known an instance in which I had not full control over the inflammation in acute simple erysipelas.

From mature and long experience of the nature of erysipelas, I would apply the nitrate of silver on the first appearance of the inflammation, and not run the risk of an hour's delay. If the application was not even necessary, the only inconvenience would be a blackened skin for a few days, of no consequence compared with the injury which might be caused by the spreading of the inflammation. The well known quotation is very applicable—*principiis obsta.*

Reviews and Notices.

Medical Errors. Fallacies connected with the Application of Inductive Method of Reasoning to the Science of Medicine. By A. W. Barclay, M.D.Cantab. & Edin. London: 1864.

Dr. Barclay's words ought to set the profession thinking. From the days of Hippocrates to our own, wise physicians have never ceased to warn us of the "fallacies of experience" in matters medical; but the golden words of the sages have left us still hugging blindly and fervently as ever those fatal errors of experience. Dr. Barclay now comes and demonstrates mathematically the nature of these errors; and, if he is right in his calculations, there is no longer any excuse for our clinging to them. If we are ever to arrive at anything like truth in our dealings with disease, we must commence a totally different method in getting at facts from that hitherto pursued by us. The British Medical Association a few years ago tried to collect a body of facts concerning the treatment of diseases, upon which to found definite conclusions. The attempt, says Dr. Barclay, was of necessity vain. What can one hundred, two hundred, or even two thousand detailed cases of pneumonia, tell us positively as to the use of a remedy in that disease? Thirty thousand or forty thousand cases, at least, are required to give us any fair idea of the connexion between the remedy and the consequence in such a case!

"If there be 10 such circumstances which may each be present or absent, the number of cases which will not be exactly alike is over 1,000; if there be 15 such, the number will be over 32,000, and each additional circumstance will double the previous number. It seems to me that this gives an explanation of what must have been ever present to the minds of most of us in the whole course of our practice, that no two cases of disease are exactly alike. In the short enumeration of variable circumstances I have given, with reference to all forms of disease, the number greatly exceeds 15; and consequently the number of cases observed before we may expect to meet two similar instances must be quite beyond the bounds of any one man's experience, however extensive."

All this Dr. Barclay proves by algebraic formulæ; and, if his conclusion be right, we need say no more to show the very unsatisfactory basis upon which is founded very much of our knowledge of the effects of