

Two cases of growths from the free borders of the true cords, one very much elongated and detached spontaneously.

Four cases of growths from the superior surfaces of the true cords, but in one involving the false as well.

Three cases of irregular destructive ulceration of the true vocal cords.

A case of varolous destruction of the right vocal cord.

Three cases of tuberculous ulceration of the whole larynx, with destruction of tissue.

A case of supraglottic oedema, with perforating ulcer of velum palati.

A case of elephantiasis of the throat and larynx.

A case of phlebectasis laryngea, and paralysis of the true cords from old inflammation.

Seven cases of pendency of the epiglottis, with a tumour posteriorly in one.

Eight cases of malformation and deformity of the epiglottis.

Two cases of malformation of the larynx in the deaf and dumb.

A case of paralysis of the larynx after diphtheria.

A case of supposed aortic aneurism pressing upon the trachea.

A case of bronchocele pressing on the trachea. In these three cases the bifurcation of the trachea was represented as seen in the laryngeal mirror.

A case of necrosis of the cricoid cartilage, with expulsion of portions of it.

A case of chronic inflammation of the larynx and trachea in epilepsy.

A case of patchy copper discoloration of the larynx from syphilis.

A case of expectoration from the infraglottic region of rings of lymph, from an excoriated surface.

A case of wound of the left vocal cord with a penknife, and its cicatrix of union.

A case of nutshell seen in the rima glottidis.

A case of wound of the back of the tongue in front of the right half of the epiglottis.

Two cases of ulceration of the nostrils posteriorly, associated with disease of the larynx.

All these were represented by upwards of sixty diagrams; and I may remark, in conclusion, that a large number of cases of loss of voice have been under my observation and treatment, wherein the causes were of a functional character, chiefly depending upon loss of nervous power over the laryngeal muscles. In these, nothing was seen (to depict) structurally wrong; the true vocal cords were either completely paralysed in their action, or the latter was so limited as to prevent perfect approximation of the free borders of the glottis, and therefore, inability to produce sound was the result.

THE BITTER PRINCIPLE OF GENTIAN. Chemists have long failed to isolate the body to which gentian owes its purely bitter taste, though there has been eliminated an acid principle, gentianic acid. Ludwig and Kromeyer have at last obtained it from an alcoholic extract of the fresh root of gentian (*lutea*), the watery solution of which transferred its bitterness to animal charcoal by two successive treatments. The charcoal was extracted with alcohol, the tincture evaporated, the residue freed from precipitable matter by means of oxide of lead, and after removal of the latter by sulphuretted hydrogen, evaporated to the consistence of a syrup; the latter precipitated the principle by agitation with ether. This *gentopierin* is crystallisable, is readily soluble in water and alcohol, but not in ether, neutral, and not precipitated either by tannin or subacetate of lead. It is a glucoside; for contact with mineral acids, as well as oxalic and acetic acids, splits it into fermentable sugar and a brownish, yellow, amorphous body, *gentiogenin*. (*Pharmaceutical Journal*.)

Original Communications.

ON PORRIGO.

By R. WILLIAM DUNN, Esq., Senior Surgeon to the Farringdon Dispensary.

IN Willan's *Synopsis* by Dr. Bateman, we have six specific forms of this disease; viz., *Porrigo Larvalis*; *Porrigo Lupinosa*; *Porrigo Scutulata*; *Porrigo Decalvans*; *Porrigo Furfurans*; *Porrigo Favosa*. I reduce these to one; viz., *Porrigo Scutulata*; for *P. Furfurans* is *Pityriasis Capitis*, or chronic *Eczema*; *P. Larvalis* is *Impetigo*; *P. Decalvans* is *Alopecia Circumscripta* of the present day; and *P. Favosa* is true *Favus*, which is quite a distinct disease from *Porrigo*. I propose to discard the name of *Porrigo Scutulata*, and call the disease *Porrigo Contagiosa*, and place it among the parasitic diseases of the skin. I shall proceed at once to describe this eruption; and to point out how it may be distinguished from other diseases of the skin resembling it.

Porrigo Contagiosa is characterised by an eruption of large, dirty, straw-coloured spots, of a flattened, irregular shape, seeming as if they were stuck on or glued on the part. There is no inflammation at the base, nor redness. It appears most commonly on the scalp; but is found on all parts of the body. It is accompanied by a little itching. When the face and extremities are attacked, the spots assume a more regular shape. There is generally more or less discharge from them. The lymphatic system is affected, suppuration even sometimes taking place. The disease commences generally by a red papule, which soon becomes pustular, and very soon forms the peculiar kind of incrustation which Willan and Bateman term a *pydracium*. Whitlows, containing thin, watery pus, appear on the fingers; and ulcerations are found upon different parts of the body.

DIAGNOSIS. From *Impetigo*. The great distinctive differences between these two are the following. In *porrigo*, we have the total absence of the inflamed base which we find in *impetigo*. 2. In *porrigo* we have a pustular scab, in *impetigo* a seropurulent one.* 3. In *porrigo* we have glandular enlargements, ulcerations, and whitlows; which we do not find in *impetigo*. 4. In *porrigo* the scab appears as if stuck on to the part; whilst in *impetigo* the scab is always surrounded by a more or less inflamed base. 5. *Porrigo* is contagious; *impetigo* is not.

From *Favus*. 1. Both are contagious; but *favus* more so than *porrigo*. 2. *Favus* is generally a chronic complaint; *porrigo* acute. 3. In *favus* we have a peculiar mouse-like smell, which is not present in *porrigo*. 4. In *favus* the hair is affected with the malady; and under the microscope, we see the parasite which is the cause of the disease. In *porrigo* the hair is not affected; and if we find a parasite, it is quite different from that in *favus*. 5. The scab in *favus* is cup-shaped, and the development is rapid and regular. In *porrigo* the scab is flat, stuck on to the parts, and the development irregular.

Bazin gives the following chemical diagnosis of *favus*. Distilled water at the common temperature or boiling, rectified spirit, ether, chloroform, do not dissolve the pure mass of *favus*. It is left unaltered, whilst fatty matters are easily dissolved. The epithelial masses become thin by this treatment. Ammonia renders the *favus* mass a little paler, but does not dissolve it; whilst it dissolves pus and impetiginous crusts, forming a milky gelatinous mass. An alcoholic solution of potassa, especially on being heated, dissolves *impetigo* crusts, pus, skin, hair, and fatty matters; but not *favi*.

* Dr. Gull of Guy's Hospital is my authority.

From Eczema. 1. The history of the case is a means of diagnosis. 2. In porrigo the scab is a psudracium; but in eczema the scab resembles that of chronic psoriasis. 3. In porrigo we have a pustular, in eczema we have a serous scab. 4. In eczema we have great heat of parts, and small superficial ulcerations, more or less constant oozing of a serous discharge, which we have not in porrigo; but in both we have glandular enlargement. 5. Eczema is non-contagious, whilst porrigo is contagious. 6. Eczema affects all ages, and the eruption is chiefly general, extending over large surfaces; whilst in porrigo it affects children and is more local.

CAUSE. The disease arises from direct infection, by using combs, brushes, caps, towels, etc. It often occurs in children during the period of dentition, and most frequently during the damp season of the year, and in sudden changes of the atmosphere. It most commonly attacks children between the ages of 3 months and 12 years. Improper feeding and bad ventilation produce it; and it is sometimes (though rarely) caused by vaccination. The general health is as usual, except in severe cases.

What is the cause of the infection? In my mind, this depends upon a vegetable parasite, which, I believe, has not hitherto been described by any author. I have examined fifty or sixty cases carefully, with only a vague result; for in some I have found the same parasite, and in others I have quite failed to discover it. The parasite which I have found is a cryptogam, and is very similar to that found in sycosis, but differing in size. It consists of a stem with branches and spores; about the hair itself I have failed to discover any disease. I am of opinion that this disease is very similar to sycosis; both being dependent upon the same parasite.

I tried the following experiment three years ago.

J. B., a warder at Cold Bath Fields, came under my care for sycosis menti, which had resisted treatment. He allowed me to inoculate his arm from his chin. In seven days, there was a distinct porriginous scab; viz., a psudracium surrounded by no inflammatory base. The same parasite was found in it as in the chin; and the disease yielded to the same treatment, except that the arm got well first.

TREATMENT. This is very simple and effective. I generally treat all the cases coming under my care as Mr. Startin does at the Skin Hospital; viz., by the internal administration of iodide of potassium, and the application of compound sulphur ointment of the Skin Hospital *Pharmacopœia*.⁺ But any other antiparasitic treatment would do; and, in a large number of cases, no medicine is at all necessary. I have very often used, with a good effect, alkalies; viz., magnesia, sesquicarbonate of soda combined with a little colchicum, and an ointment composed of three grains of nitric oxide of mercury and half an ounce of lard, with three drops of creasote.

But the most important point is to *remove the scab*. The head must be kept clean by washing it with the yolk of an egg and warm water, the use of soap being avoided. In some extreme cases, bread and water poultices over the scab are of great service. A regulated diet is important; it should not be overstimulating, and the meals should be taken at regular hours. Sweets of every kind, pastry, salted food, are not to be taken. Beer, wine, and spirits should be strictly prohibited. I now cite the following cases, in proof of the correctness of my diagnosis, and the treatment consequent thereon.

CASE I. J. S., aged 4 months, applied at the Farringdon Dispensary, March 1860. About a week previously,

the mother observed that the child had a sore head. She found a scab upon her breast, and a whitlow on her finger; and, upon inquiry, discovered that the girl who had tended the child during her absence from home was suffering from the same disease. Upon examination, I found that the child had porrigo contagiosa. The scalp alone was affected. The glands in the neck were very much enlarged. The mother had a true porriginous scab upon the breast. This was the first instance in which I found the parasite. In all three patients I found it. They were put under treatment, and soon got quite well. The whitlow on the mother's finger I opened; it discharged a thin watery pus.

CASE II. J. B., aged 2 years, came to the Dispensary in 1860. He had always had good health. The disease first showed itself four weeks before. He had been under treatment, but had derived no benefit. The whole of the scalp was more or less affected with the disease; also the nose and back. Another child, who slept in the same bed, was likewise affected. The glands in the neck were very much enlarged, and one had suppurated. There was no distinct cause, except that the child went to an infant school, where many of the children had eruptions; and the same parasite was found as in the former. The other child came to the Dispensary the following week. The legs, back, and head were affected. The same parasite was found. In both, the disease yielded rapidly to treatment.

CASE III. A. B., sister to the above, came to the Dispensary this year. The child was quite free from any disease till vaccinated. The mother stated that the child from whom her baby was vaccinated had an eruption on its face. On both arms, where the child had been vaccinated, were distinct porriginous crusts; and the child had porrigo on other parts of the body. Two more children in the same family caught the disease; and the mother had whitlows and porriginous scabs upon her chest. I found the parasite in *two* of these cases. They all soon got well under treatment.

SOME ACCOUNT OF THE OPERATIONS PRACTISED IN THE NINETEENTH CENTURY FOR THE RELIEF OF TENSION OF THE EYEBALL, GLAUCOMA, Etc.

By JAMES VOSE SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital.

[Read before the Midland Medical Society, February 3rd, 1863.]

[Continued from page 509 of last volume.]

Division of the Ciliary Muscle. [It was shown in the first part of this article, that Mr. Hancock's theory of acute glaucoma being dependent upon an arthritic condition of the blood, and spasm or constriction of the ciliary muscle as evinced by a conical state of the cornea, were unsupported by the cases which he had appended as illustrative of his views. I now proceed to offer some other objections to his opinions, which, in part, arise out of a consideration of the physiological anatomy of the choroid and ciliary muscle.]

In the first of a series of articles on "Incision of the Ciliary Muscle," published in the *Medical Times and Gazette* (Jan. 19, 1861, p. 56), I remark: "The existence of ganglion-cells in the choroid (Müller and Schweiger), and the arrangement of its vessels (and nerves) indicate the importance of it in the nutrition of the eye. Is it probable that with such nervous and vascular endowments, the function (circulation?) of the choroid is made subservient to the greater or less tension of a muscle, which, among civilised nations, almost equals in activity that of the eyelid; which, in many occupations—watch-makers, engravers, etc.—is maintained for eight or ten hours of the day in constant contraction, without ren-

* Dr. Gull.

+ *Compound sulphur ointment.*—R. Sulphuris sublimati 5ss; hydrag. ammonio-chlorid. ʒss; hydrargyri sulphureti cum sulphure ʒss; contendo misceantur; et adde olei olivæ ʒii; adipis recentis ʒvi; creasoti gtas iv.