pro tanto there is actual organic alteration of the tissue. In one of my cases, well marked psoriasis was associated with well marked eczema. Both were ultimately cured by arsenic; but its administration had to be interrupted for about a month, in consequence of some asthenic ulcers which refused to heal while it was being taken, and soon got well afterwards. The ulcers would not form granulations as long as arsenic was given; was this owing to the contraction of the cutaneous arteries and diminished supply of blood? Sulphur ointment, ointment of iodide of sulphur, bismuth ointment, glycerine, bichloride of mercury lotion, have all appeared to me useful occasionally. Cazenave speaks favourably of the mercurial iodide.

Pityriasis. Pityriasis may be shortly described for our purpose as essentially a chronic somewhat modified psoriasis. The patches are more extensive, less congested, and covered with thinner and smaller furfureous scales. Mr. E. Wilson thinks it owes its origin to some unknown modification of innervation of the cutaneous textures; and is developed, mostly, in persons remarkable for the delicacy and susceptibility of their skin. Local irritants, he admits, may give rise to it on the face. As far as I can see, there is no important difference between this and the other squamous affections; their pathology is essentially the same; and, of course, the same principles must guide the treatment.

I quite coincide with Mr. Wilson in his appreciation of Rayer's remark, that "it is with general pityriasis, as with almost the whole of the chronic diseases of the skin that are independent of appreciable causes; a solid and enduring cure is only to be obtained by a general change of the constitution, brought about by dietetic means long and regularly pursued, effected naturally by the progress of years, and the modifications undergone by the organisation; or accidentally induced by some intervening disease, such as measles, scarlatina, etc. Here it is plainly laid down that no mere elimination is either possible or sufficient; but that an entire renovation, so to speak, of the nutritive action of the skin must be effected. I say of the skin, because there is often no disorder elsewhere. This is, of course, no easy matter; and treatment by drugs alone must often fail. In-veterate cases of squamous disease seem to me more analogous to superficial lupoid affections than to any other. They are, to a great extent tissue-affections, and much more enrooted in the vital actions than the exudative. These have more the character of a temporary disturbance from general causes; the other of a more permanent and local change. The following illustrative case is worth perusal:—

Miss —, aged 14, had had skin disease, more or less, since she was six weeks old. She had been often treated, but nothing had done good. She was very short, stout, and puffy looking. Her limbs and face had a plumpness which seemed to proceed rather from œlema than from fat, at least in part; her eyelids swelled at times. All her scalp, the back of her neck, and the upper part of her forehead, were more or less congested, rough, and covered with squamous formation. The hair was thin, but did not fall off. She was markedly pallid, and rather languid. The skin-disease was hereditary for three generations; the great-grandfather had it, but not the grandfather. The urine, examined five days later, deposited well marked oxalate of lime octohedra with vesical epithelium. It was not albuminous, moderately acid, of normal colour. She took at first ten minims of tincture of sesquichloride of iron three times a day; which was changed, after a month, for potassio-tartrate of iron in infusion of calumba. She used the sulphur fume bath steadily, and, besides, a spirit of rosemary wash and dilute citrine ointment. In less than four months, the skin had quite recovered, and her health was improved.

Ichthyosis. Of this disease, it is only necessary for

me to say that I quite coincide in the view taken by Dr. Wauberton Begbie, that white ichthyosis is a distinct affection from *ichthyose brune* and *ichthyose porc-épic*, the terms employed by M. Devergie. The former belongs certainly to the scaly diseases; the two latter to affections of the sebaceous glands. White ichthyosis is mostly congenital, affects the whole surface, is not attended with heat, itching, or inflammation; but with a dry, unperspiring state of skin. The general health is unaffected. Treatment is futile. In all these particulars, it seems to me that we have evidence of primary disorder of the nutritive action of the cell-bearing surface of the skin; but nothing to show that this is occasioned by any abnormal state of the blood. It is more like a malformation than a disease.

[To be continued.]

Original Communications.

INCARCERATED INTUSSUSCEPTION IN A CHILD SUCCESSFULLY TREATED BY INFLATION.

By EDWARD COUSINS, Esq., F.R.C.S.

[Read before the North London Medical Society, March 14th, 1862.]

FEBRUARY 23rd, 1862, A.M. A male child, aged 13 months, at 10 A.M., apparently in good health, after having had the breast, suddenly vomited all the contents of the stomach, including the undigested first meal of boiled bread, and immediately fell into deep syncope. Half an hour later, it vomited a thin serous fluid, and relapsed into a semicomatose state; surface generally pale, but rosy over scalp. The gums were lanced over two molar teeth which were approaching the surface. Castor oil was given, and at once vomited. After this, the child vomited immediately everything it took, and repeatedly vomited serous liquid when not recently fed; at last it refused food.

From one o'clock until the evening, it had several fits of tormina every ten or fifteen minutes. During these, its face was pallid, anxious, and distressed; it writhed, and pulled violently at its nose, ears, lips, and penis. The fits of tormina were not accompanied with tenesmus; they lasted two or three minutes, and were succeeded by semicoma, during which the eyelids met imperfectly, and the child was vexed if disturbed. Sinapisms were applied. Enemata were retained for a time, and then escaped without fecal matter.

5 o'clock. The abdomen was flaccid, and not oversensitive to pressure. The tormina were not accompanied with tenesmus or dejections. Examination *per anum* discovered nothing; but the finger, on being removed from the anus, was followed by some slightly bloody mucus. There were no febrile symptoms or thirst. A half-drachm of castor oil had previously been given, with a minute portion of Dover's powder, and at once rejected. The absence of more marked symptoms of intestinal obstruction led to a momentary error in diagnosis; and hæmatoxylin with opium was prescribed. Aromatic spirits of ammonia, carbonate of soda, and brandy, were given occasionally.

A later examination, at 7 P.M., exhibited increased prostration; absolute inappetency; shrunken face; cold extremities; finger-nails somewhat livid; pulse running, small, and frequent; fontanelle depressed; tormina frequent, without tenesmus; no dejection. An elongated horizontal firm tumour was felt to form and harden under palpation in the region of the right half of the transverse colon, then vanish gradually, and again become sensible, with contemporaneous indications of

tormina; and a firmer tumour, apparently disconnected from the former, existed in a direction vertically upwards above two and a half inches from the right iliac region; this latter being persistent, not intermitting in character. Brandy and water were given frequently. Considering that the symptoms established a diagnosis of intussusception, I at once had recourse to inflation of the bowel, before graver symptoms than those present should occur; and, with the assistance of the relatives, was preparing to administer the insufflation *per rectum* by means of a stomach-pump, when Mr. Erichsen arrived, who had been summoned by the father of the child, and who at once entered into my view of the diagnosis and treatment, and gave me his valuable assistance.

The inflation was carried to such an extent as to require considerable pressure to retain the tube in the anus; and, after allowing the escape of the air, little perceptible effect on the iliac tumour discovered as the result. A repetition of the trial caused a perceptible diminution in the length of the tumour; and the transverse tumour ceased to be felt. The child seemed distressed by the distension, and strained slightly during the proceeding. A third repetition was conducted with great slowness, till the distension of the bowel should be complete, when a somewhat sudden stroke of the piston was followed by an audible movement of flatus in the small intestine, and loss of the sense of resistance to the succeeding stroke. The syncope increased alarmingly. The stimulants were readministered.

There now remained a tumour of somewhat less firmness in the iliac region, not more than half an inch in length, which a fourth injection failed to remove; and, by reason of the syncope, our efforts were discontinued. A cautious prognosis was given, and the stimulants and Dover's powder were continued.

After we left the child, it slowly rallied; never vomited; slept several hours; awoke, and passed blood-stained mucus, and again at midnight; but was tranquil and eager for the breast, and gave no signs of pain or vomiting.

Feb. 24th, 1 A.M. The child passed a fecal stool, nearly bloodless, but containing a seed of *Abrus peccatorius*, which was brought to me in the napkin, with the information that the child had voided a bead. The desire for food was increasing; there had been neither vomiting nor tormina, syncope nor blood. The child was cheerful, and even playful. Abdominal respiration was perfect. The abdomen was large, insensitive, and revealing no tumour on prolonged and very careful palpation. An ounce of almond oil was ordered, and a quarter of a grain of Dover's powder twice a day.

Feb. 24th, 6 P.M. The skin and pulse were healthy; the appetite good. Previously, however, to my visit, the child had refused everything since 1 P.M., vomiting the milk; he then sucked, and took a meal of barley-water afterwards. At 1.30 P.M. he passed an acid curdled stool, not bloody; no stool had been passed since. He had had fits of tormina three times since one o'clock. A very slight fit of tormina occurred during my visit, during which no hardness was discernible in the cæcal region; but there was a distinct rigidity of all the transverse colon, which ceased after a time, when the child resumed a natural aspect, and would dance in the nurse's hands.

Feb. 25th. There was continued improvement; no vomiting. The child was playful at times, alternating with sleep. Some tenderness existed in the iliac region. Rigidity of the transverse colon was felt on careful and prolonged examination occasionally. There was absolute softness in the cæcal region. Four stools of discoloured mucus mixed with bile had been passed. He vomited once after taking the Dover's powder.

Feb. 26th. The improvement continued. The child passed two stools decidedly bilious, and free from trace

of blood to the eye. The abdomen was cool, free from hardness or tenderness; the skin of the extremities fuller, mottled; appetite moderate; sleep free from distress, as heretofore. The child was convalescent.

REMARKS. In commenting on this case, I wish to remark on the completeness of the symptoms enumerated:—

The suddenness of access in a healthy child, which was quietly reposing in its mother's arms, after taking the breast.

The fulness of the vomiting, shown by the second emesis bringing up only a serous fluid.

The alternations of severe paroxysmal pain with syncope or semicoma.

The character of the distress exhibited; the child pulling fretfully at its nose, ears, etc.; crying out as with a subdued scream.

In the absence of dejections, the discovery of bloody mucus on an examination *per rectum*.

On the other hand, the absence of tenesmus (until insufflation) for a long time rendered the diagnosis difficult.

Constipation cannot be looked for in a recent acute case; and diarrhœa did not exist.

Time had not occurred for the development of inflammatory symptoms; hence the insensitive abdomen.

The digital examination *per anum* revealed no obstruction, because the accident was limited to the right half of the colon; and there was, of course, no reason that we should wait, as Mr. Clarke suggests, to complete the diagnosis until the invaginated bowel reached the anus, or at least the sigmoid flexure. In this case, palpation of the abdomen discovered the elongated, evanescent, paroxysmally hardening tumour, synchronously associated with the paroxysmal distress and tormina, which, combined with the past history, established the diagnosis. This tumour is not well described in authors; and Dr. Ballard's description is not adequate for its discrimination from a tumour of obstructive and hardened contents.

In treatment, I did not delay to use other measures than inflation, because all others appear to be infructuous. Expectancy, with the use of measures to arrest vomiting, as Dr. West suggests, in opposition to Hunter, would be hazardous in a child as profoundly prostrate as in this case; and I question whether the antiperistaltic action of vomiting is not part of the natural process of relief: at least, it must tend to reduce the danger of further descent through influence of the ordinary direct peristaltic movement; and I do not believe that the action of the abdominal muscles can be exerted to drive in the bowel, which the vomiting arising from inverted action propagated from the seat of disease itself is opposed to.

I would next insist upon the slowness with which the air must be delivered, to allow of its reaching the ascending colon; as rapid inflation might produce fullness of the sigmoid flexure to a great degree, and a quasi valvular stricture be formed, which would prevent the passage of air further up: next, upon the retention of air for some time, so as not merely to distend the invaginating bowel, but to exert pressure on the strangulated part, so as to reduce at once its vascular and cedematous turgescence: lastly, upon the sudden delivery of an additional sharper stroke, to promote the separation of any adhesions, which, in an older case, may have formed.

As to the etiology of the affection, I fear there is much to learn. It is interesting to find that, where an apparent cause has presented itself, it has been not a large or solid bulky matter, but some singularly small foreign matter, insusceptible of digestion—in our own case, a hard seed.