Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

ROYAL PORTSMOUTH, PORTSEA, AND
GOSPORT HOSPITAL.

LOCK WARD, No. II.

CASE OF SYPHILITIC IRITIS: USE OF MERCURY.

Under the care of K. E. KNIGHT, Esq.

E. C., aged 19, was admitted January 10th, 1864, with syphilitic iritis, having its usual characteristic marks—effusion of lymph, adhesion of the iris, dimness of vision, etc. He was ordered to have two grains of calomel and one-third of a grain of powdered opium every six hours.

The effect of the mercury was soon visible on the vessels of the iris. Its natural colour was restored; the cornea became clear again; the red zone around it faded away; effused lymph was absorbed; and vision again restored. He was now ordered three grains of iodide of potassium and an ounce of infusion of quassia three times a day, and was discharged cured in twenty-seven days.

As syphilis, in some of its worst forms, comes under treatment from time to time in the wards of this hospital, the value of mercury as a remedy is fairly tested; and well-grounded opinions, founded on experience, can be given in its favour. If those who argue against its use had an opportunity of studying syphilis in the wards of a lock hospital, or if attendance at those institutions formed part of the curriculum of the medical student, we should not have such divided opinions now-a-days upon the best mode of treating this disease. Men of great experience hold that mercury is a specific for syphilis; but they keep aloof from a controversy of mere words, when theory is more relied upon than facts. The only remedy for this chaos of opinions on a question of such vital importance to the health, and, it may be justly added, the well-being of the people of this country, is the establishment of a special school of instruction for venereal diseases, the want of which must now be apparent to every thinking man in the profession.

CASE OF HÆMATURIA.

Under the care of F. PAGE, M.D.

J. C. S., aged 47, admitted November 14th, 1863, had hæmaturia for seven years, coming on periodically at intervals of from six weeks to two months. He looked pale, emaciated, and highly anæmic. Bladder and urethra were explored, and found healthy. There was no symptom of renal disease. He was ordered to have generous diet and wine, and half a drachm of tincture of sesquichloride of iron three times a day.

By a steady perseverance in this treatment for six weeks, the patient perfectly recovered, and now, at the end of four months, looks healthy, has gathered flesh, and is able to resume his work, that of shoemaking. He occasionally takes small doses of iron with dilute sulphuric acid.

The cause of passive discharges of blood from the system, unconnected with organic disease, appears to be involved in considerable obscurity. This case is interesting in a pathological point of view. Here we have a patient suffering from passive hæmorrhage, without any apparent organic lesion. Did the dis-

charge depend on some abnormal condition of the blood, or on some derangement of the organic nervous influence. The suppression of hæmorrhages is very often attended with serious consequences; but in this case, although the disease had existed for some years, and had become apparently chronic, no harm has resulted from its suppression.

Original Communications.

ON IMPETIGO CONTAGIOSA, OR
PORRIGO.

By W. TILBURY FOX, M.D.Lond., Physician to the
Farringdon General Dispensary.

CERTAIN diseases, which exhibit in the main the characters of a sporadic nature, occasionally put on an epidemic garb. We see examples of this truth among the out-patients of large hospitals and dispensaries, in the occurrence of a "run" of cases of this or that disease. During my connexion with the Farringdon Dispensary, I have met with a large number of cases of an affection which has no description in books, or has been defined only in a vague, unintelligible manner. Its apparently epidemic nature is explained, in some degree at least, by its contagious quality; though, no doubt, the predisposing causes are more active at one than at another time, giving rise to what the French term "an epidemic constitution". If, however, a case of the disease referred to occur, others will speedily be produced, merely by simple contagion.

Porriigo is the favourite modern name for the affection; but porriigo has been applied at different times to denote very many dissimilars, especially eruptions on the scalp, whether vesicular, pustular, or squamous. Under all circumstances, it will be much the best to discard altogether a term whose indiscriminate use has been a fertile source of confusion in the nomenclature of skin-diseases. To those parasitic diseases which have been designated by the word porriigo, the generic term *tinea* is applicable, as a decided simplification. If used at all, the word porriigo should be restricted in its application to the disease now about to be described, known by some as the contagious, by others as the scrofulous impetigo, the porriigo Startinii, or contagious porriigo; but I agree entirely with the suggestion of my friend and colleague, Dr. Frodsham, that, *quoad* this disease, the word porriigo should be discarded and forgotten, and its place supplied by *impetigo contagiosa*.

At the outset, I had better state clearly that impetigo contagiosa must not be confounded with ordinary impetigo; they are absolutely distinct. Mr. Startin, if report be correct, fully recognises the existence of a contagious form of impetigo; but I am not aware of any published account from that gentleman's pen. In the BRITISH MEDICAL JOURNAL for November 28th, 1863, is a description, by my colleague Mr. R. W. Dunn, of porriigo. He says it consists of large dirty straw-coloured spots, flattened, of irregular shape, seeming as if they were stuck or glued on the part, without any inflammation at their bases; mostly seated on the scalp, but found also on all parts of the body. When the face is attacked, the spots are a little more regular; they discharge, and commence originally as papules, which become pustular. Mr. Dunn thinks it is of parasitic nature; from this opinion I entirely dissent.

Characters. The disease varies considerably in aspect, according to its seat, as I have narrowly ob-

served. It occurs mostly on the face, where it is generally unilateral, and seated especially about the angle of the mouth and side of the nose; also on the limbs, anteriorly and posteriorly; on the trunk especially, about the shoulders, the neck, and the buttocks. The constitutional symptoms which usher in the complaint are generally sufficient to make the friends declare the child "poorly", unable to take its food properly, "mopish", and the like. The local characters of the disease show themselves as little white, apparently vesicular, or more truly pustular points, just tinged at their bases with slight redness, and generally possessed of little pain. These points, which are always isolated and distinct at the outset, speedily enlarge and umbilicate to a more or less perfect degree. Now and then, coalescence takes place between two or more pustules. This is seen especially on the face. The next change is the assumption of the characters of a perfect pustule, which may desiccate, leaving a dark dry scab, depressed in the centre generally, through or from beneath which oozes out a little thick pus or puriform discharge. Each spot increases in a perfectly centrifugal manner, until, in about a week, it attains the size of a shilling or so. A characteristic aspect is then presented; the disease looks like a flattened bleb, whose central part is depressed and shrunken; the contents giving an opacity; while the margin of the bulla, as it now may be termed, is formed by a perfect ring of varying breadth, which has the look of wet soddened white leather, just as though the central part were circumscribed by a collar composed of upraised and blebbed epidermis; and this circumferential ring enlarges *pari passu* with the bleb.

It becomes an interesting question to determine the exact value to be attached to the umbilication in impetigo contagiosa. I hold it to be almost diagnostic. Of course, it is only seen perfectly in the early stages. In pemphigus, the uplifting of the cuticle and the subsequent distension is *extreme* and perfect, and the contents are serous; in impetigo contagiosa, some differences exist. It has been said that the umbilication is simply due to the presence of a sweat-gland, tying down the centre of the bulla or pustule, whichever it may be. This, however, is certainly an erroneous explanation. The depressed condition is secondary to distinct distension, and is brought about by the peculiar nature of the disease and the character of the secreting surface. At the outset, the secretion is pretty free, but presently becomes lessened and more plastic, while the surface which pours it out tends to ulcerate; hence the part where the disease commenced—viz., the central part of the bleb or pustule—will be less distended, perhaps begin to desiccate, while the secretion is going on freely at the extending circumference, so as to produce the comparative aspect known as umbilication.

The so-called bleb or pustuloid may attain to a considerable size. The contents are peculiar; there is generally more or less pus; and always, at the early stage, at the bottom a little pellet or *bouton* of mucous consistency (aplastic lymph), which can be removed, and then leaves to view a little conical pit of ulceration. The discharge dries into crusts, tolerably thick, which adhere for many days, and then fall off, leaving ulcerated surfaces. If the crusts be detached by the finger, a nasty sticky puriform fluid is seen to cover the surface of the ulcers; these latter give out a greater or less amount of discharge, which again concretes in crusts. Fresh pustulations occur, so as to prolong the disease for a period of from three to six or eight weeks. Each spot lasts a variable time—ten days or more—leaving, in process of cure, a dull red stain. The scabs may become quite black from the commingling of dirt with the discharge.

The disease is always characterised by the presence of circular umbilicated *quasi-bullous* spots, which increase centrifugally, and become covered by yellowish flat crusts, which cover over superficial ulcerations of an unhealthy kind, leaving, in process of cure, dull red stains.

Modifications. There are several modifications worth considering. There may be but one solitary spot. A short time since, I saw a most typical example in a patient of Dr. Frodsham. The crust was of about the size of a florin, or nearly so. This solitary spot may be seated on the face or head; rarely on the trunk, except as the consequence of direct contagion or inoculation. When seated on the head, the crusts are very perfect, inasmuch as the hairs help out the matting together of the mass. On the scalp, the disease possesses the characters ascribed to it by Mr. Dunn. The so-called porriginous spots always commence as small elevated isolated points. They are always a primary form of disease; the crusts are circular, or nearly circular, isolated, yellowish, adherent, granular, and pretty dry.

I have seen this form of impetigo associated with strumous ophthalmia, and with otitis, both of an acutish kind. More than this, I have seen the mucous surfaces affected; all these states being dependent evidently upon the cause which gives rise to the impetigo.

On the face, it is not unusual to notice several separate foci of disease, running together into an irregular, oozy, cracked, scabbed patch. In this state, it is not unlike eczema impetiginodes; but almost invariably the peculiar umbilicated pustuloid or peculiar ulceration will be found. Again, on the surface (and head especially), there is usually little if any redness around the bases of the different spots; though they may be as large as a shilling. Occasionally, however, there is a marked exception to this rule; and there may be an intense inflammatory areola. I have seen a considerable degree of inflammation of the derma and subcutaneous cellular tissue, the erythema having a dull red hue.

In situations where the cuticle is thick, it occasionally happens that the bulla, instead of becoming umbilicated, is upraised in the centre, and filled with a thin puriform fluid; but, under these circumstances, there is an opening at its centre, through which the contents ooze out. The discharge does not observe any regularity, but takes place capriciously. Now the pustuloid (or bleb) is apparently desiccating; now it rapidly fills; and the covering or operculum is always white, looking soddened, as though the parts had been scalded. The spots are solitary; and I have always seen this either at the point of the elbow or the back of the joints of the fingers.

Now and again, the separate pustuloids are confluent; but even here their distinct individuality can be made out, and there is no crusting over to such a degree as to make it appear as one large pustule.

The degree of ulceration varies. It is always tolerably superficial, and presents a soddened, pasty, gelatinous aspect, due to the character of the secretion. The edge of the patch of ulceration is sometimes peculiar. It is often that which is seen in other diseases called "scrofulous", particularly when the sore itself is the seat of diminished or scanty discharge; viz., indurated, elevated, of a dull red hue, and slightly inverted, like some instances of lupus; only this state is of short duration, comparatively speaking. In other words, the ulcer, which is circular, may be bounded by a well defined, rounded, raised, and dull red margin of thickened integuments. It is from this feature, among others, that one is led to infer the existence of a scrofulous taint in the totality of the disease.

Microscopic Characters. I have made some very careful microscopic examinations of the crusts and secretion of impetigo contagiosa. In an early state, when the isolated points first make their appearance, there are present a few pus-cells perhaps, but chiefly a homogeneous blastema, with more or less fat, epithelial debris, and the like. In the more fully developed condition, the same elements are seen, but with a decided comparative preponderance of pus-cells. The scabs are composed of foreign substances (cotton, fibres, etc.), epithelial cells in different degrees of development, homogeneous plasma, pus-cells, fat, hairs, and parasites (animal and vegetable). I have never detected any sign of the presence of the acarus scabiei; but have noticed most perfect specimens of the steatozoon (acarus) folliculorum; and in several instances the spores and filaments of trichophyton, but in others not a trace; and, from all considerations, I believe the presence of the latter is an accidental phenomenon. It is worth mentioning, that the small hairs in the crusts are invaded and split up by the fungus—a state which, whatever may be said to the contrary, is, practically speaking, diagnostic of the presence of a parasite, provided the hair so split up be a well developed one. In the *Transactions* of the Pathological Society (vol. vi) may be found the brief description and figures of a supposed new fungus observed by Mr. Hutchinson in the course of “contagious porrigo”. “Although”, he says, “a vast number of cases were inspected, I was, however, successful in only two in finding anything beyond the usual constituents of purulent crusts.” He adds: “Having failed to find, in so very large a proportion of the cases examined, anything at all similar to the bodies illustrated, I cannot, of course, suppose that the observation is of any value in relation to the pathology of the disease.”

One word more about the umbilication, as it has been termed. In some cases it scarcely, perhaps, amounts to more than is entitled to be called depression; but the tendency to marked depression in the centre, as compared with the circumference, is certainly the characteristic of the spots of impetigo contagiosa; and this feature is, as I have explained, dependent upon the peculiar behaviour of the secretory power of the disease. When thick crusts form, of course the aspect of umbilication is obliterated.

Causes. The disease exhibits no preference for sex. It attacks adults sometimes, but children most generally, and particularly those of the lower orders, of scrofulous habits—the fat, flabby, pale, thick-nosed, and light-complexioned ones. Want of cleanliness, light, and air, and wholesome food, help out its evolution. The disease not unfrequently follows in the wake of, or appears to be caused by, vaccination; at other times, it has no direct dependence whatever on this. In a person predisposed to the disease, it is not unlikely that any local irritant would call it forth into tangible existence.

[To be continued.]

CASE OF EMBOLISM, FOLLOWING SYNCOPE FROM POST PARTUM HÆMORRHAGE.

By J. SHEPHERD FLETCHER, M.D., Manchester.

[Read before the Manchester Medical Society.]

[THE following notes of the case are furnished by A. Ransome, M.A., M.B. Cantab.]

Mrs. R., aged 36, had previously borne two children. She had phthisis sixteen years ago, from which she recovered, but has been delicate. Her brother died of phthisis, and her father of diabetes. She was con-

fined February 12th, with a girl. The delivery was very rapid, and was shortly followed by profuse hæmorrhage, which produced slight fainting, lasting for some time. Her recovery was rapid. She was allowed to sit up on February 25th.

On March 1st, she rose at 10 A.M. She had suckled the baby frequently in the morning. She ate rather a smaller dinner than usual; but, in other respects, nothing unusual was noticed. At 2 P.M., she was sitting up. The nurse had just taken the baby from her, and turned away; on looking round the moment after, she saw Mrs. R. with her lower jaw dropped, pale, and making signs with her hands. The nurse gave her a tablespoonful of raw brandy, and then got her upon the sofa. Mrs. R. was just able to name her next neighbour, and made signs to send for her. After this, she could make no articulate sound.

When seen half an hour after the seizure, she was lying upon the sofa, pale and much agitated; her head was hot; her hands wet with perspiration; the pulse in right wrist (the only one then examined) 104, full, and jerking. She moved both hands, to express, as it seemed, something wrong about them. The face was somewhat drawn to the left side; and the tongue, when protruded, was pushed to the right side. All power of articulation was completely gone. Mustard was applied to the back of the neck, to the stomach, and to the calves of the legs. Two grains of calomel were given, and ammoniated tincture of valerian was ordered. In about an hour from the time of the attack, she seemed to recover partially, and again spoke easily and plainly; but in another half-hour she again became speechless, though conscious, and able to answer by signs.

At 5.30, Dr. Fletcher saw her, and found that, though the pulse was easily felt in the right wrist, yet it was scarcely perceptible in the left: it was equally feeble in the brachial artery, but was easily found in the axillary, subclavian, and carotid. She could move both hands, but was unable to grasp with the right. The pulse had now become very rapid and weak. Brandy and sal volatile, and then brandy and ammoniated tincture of valerian, were given every twenty minutes; and afterwards, five grains of sesquicarbonate of ammonia and half a grain of ammonio-tartrate of iron, in camphor julep, were given alternately with brandy and beef-tea every hour through the night. Blisters were applied behind the ears. Under this treatment, the pulse gradually improved slightly in strength, and was rather more easily felt in the left wrist; but it was still excessively feeble and small.

March 2nd. 8 A.M. She had dozed a little in the night. Her head was cool; the body was bathed in perspiration. The blisters had risen. The bowels were not open; the abdomen was distended with flatus. She had passed urine voluntarily every half-hour. The pulse was 96, stronger in both wrists, but still scarcely perceptible in the left. There was rather more strength in the right hand, but she was still unable to hold a pencil. An enema of turpentine and soap brought away a copious evacuation and much flatus. During the day, she gradually recovered power in the right side. The tongue, when protruded, was less completely pushed to the right side. The pulse also was diminished in frequency, but retained its force; and in the right wrist it had slightly increased in volume. The urine was pale, of specific gravity 1007, not albuminous.

March 3rd. There was great improvement in her appearance. The skin was cool, not perspiring; pulse quieter in right wrist, stronger in left. She could hold a pencil in the right hand, and wrote several words on a slate without much difficulty.

March 5th. She articulated several words for the