

The circulation was not much impeded, except during the two last paroxysms. The patient, however, evidently died asphyxiated, as the heart's action was vigorous only a few minutes before death.

The only treatment adopted was the administration of enemata and stimulants. The results of an enema proved the evacuations to be normal; and, from the rapid progress of the case, stimulants could not be administered to any extent.

The cause of the gangrene is still an undecided point; that is, whether it was the ordinary gangræna senilis, or specially induced by the exhausted condition of the patient, or by exposure during the night when excited and sleepless. Her age points to the first as the probable cause. The slough was confined to the lower surfaces and about one-half of the inner side of the toe. It was dry in its character, and might possibly have been unobserved by the attendant.

It is, at the same time, however, to be kept in view that, especially during the first week of the patient's residence, she was restless, and occasionally out of bed, although the night-book does not show this to any great extent, and the night-watch had special instructions to visit her hourly. It remains a question, therefore, whether such exposure, if it existed, was the cause, as is often asserted, of this formidable though happily rare disease.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

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SKIN-DISEASES.

1. *Eczema*. Among the affections of the skin which have presented to our notice in the last two years, eczema has very greatly preponderated in point of frequency. It has obtained largely among infants, and in the adult it has shown itself chiefly in the acute and chronic varieties of eczema simplex, eczema rubrum, and eczema impetiginodes. Many of the cases have been exceedingly obstinate, and the majority have been intimately associated with irritation of the gastric mucous membrane.

In the treatment of eczema as it has obtained among our patients, three chief indications have appeared to me to be essentially necessary to be observed in its management.

a. In reference to *Diet*, the mildest food, limited to broth, with vegetables, fish, and farinaceous articles, should only be allowed at first. Without this precaution, the stomach has invariably become the painful seat of severe irritative dyspepsia or chronic gastritis, so soon as the eruption has been checked by local treatment. On no account must malt liquor be allowed; but, if a stimulant be needed, claret or sherry and water may be taken.

b. *Medicines*. I have found no combinations answer so well as the citrate and chlorate of potash mixture, with the aromatic spirit of ammonia. In chronic and anæmic cases, the liquor potassæ arsenitis may be advantageously added to this mixture; but in the forms of eczema, as it obtains in this locality, I have not found that arsenical preparations, as a rule, afford the benefit, or, indeed, that they can be borne in the general manner in which their adoption is so strongly advised by many writers upon skin-diseases.

Cod-liver oil is a valuable tonic in chronic eczema; and, if a syphilitic taint be suspected, the iodide of potassium, with the bichloride of mercury, should be had recourse to.

c. *Topical Treatment*. Eczema is one of the diseases of the skin in which local applications act much more favourably when used in conjunction with the constitutional treatment recommended above.

If the form of the eruption be acute, the mildest and most soothing applications should be at first selected. Of these, I have found none better than simple warm water, applied by means of a rag, and covered with oiled silk. If this fail, a weak solution of the acetate of lead, with glycerine, will often prove of great comfort and advantage.

If the skin be dry, and the eruption assume a more chronic form, I have often found the best result from the application, night and morning, of ointment of ammoniated mercury. Again, if this fail, the zinc ointment, or the ointment of iodide of sulphur, should be tried. A solution of the nitrate of silver, in the proportion of five to ten grains to the ounce of distilled water, will sometimes effect a speedy cure, after the failure of all the above preparations.

As already stated, however, eczema is often a very troublesome complaint; and the frequent change of local treatment, with the possession of an extensive and varied formula for its relief, will be found to be the greatest assistance in its successful management.

2. *Psoriasis and Lepra*. I have coupled the notice of these two forms of squamous skin-affections together, inasmuch as the treatment for each is similar, and the consideration of them as modifications of one and the same disease is a view still held by very many. There is, however, a specific diagnosis given in books; viz., that in lepra the patches are circular and depressed in the centre, with elevated margins, while in psoriasis the eruption is irregular in form, and without the central depression. Next to eczema, these squamous forms of disease have occurred most frequently; and I, therefore, consider them in succession, irrespective of the order and classification in which they are generally arranged.

In the treatment of psoriasis or lepra, an unstimulating but moderately nutritious diet will be the best, scrupulously forbidding malt liquor in any shape. In reference to constitutional treatment arsenic is the sheet-anchor; and, if the stomach be irritable and disordered, this medicine may be advantageously combined with an alkali. It should be administered half an hour after the three principal meals. If there be coexisting anæmia, with debility, the addition of the iron wine will be useful.

I have not seen benefit from dulcamara; but forms a good vehicle for large doses of the liquor potassæ, if the arsenical preparations be not well borne.

In some obstinate forms of local psoriasis, mercury, carried to the extent of slight ptyalism, has cured the disease; and this in cases of females, in which no syphilitic taint could be detected.

In reference to local treatment, it will be well to commence, when practicable, with a few simple alkaline warm baths. After this, I have seen no formula act so well, on the whole, as the following, and which I first saw used by my late colleague, Dr. Beck.

℞ Picis liquidæ, sulphuris, axungiæ, aa partes æquales.

This is to be kept uninterruptedly applied to the parts affected for a week, and in severe and obstinate cases for a fortnight at a time, without being washed off. The patient, if within a hospital, should remain in bed during the application.

At the end of a week or fortnight, the skin should be thoroughly cleansed by means of a warm bath, and, if necessary, the same treatment resumed for another fortnight. As a rule, two or three applications, conducted in this manner, will generally cure

the disease. The arsenic mixture should, of course, be given at the same time.

If this remedy fail, the iodide of sulphur, or white precipitate ointments, may be tried; or, if the disease be limited in extent, repeated blistering will sometimes cure an inveterate patch.

3. *Prurigo*. This eruption has been very troublesome in two or three cases. The varieties in which it has exhibited the greatest obstinacy have been the prurigo senilis in both sexes, and prurigo pudendi in the female.

In the milder forms of the affection, a light unstimulating diet, with simple or alkaline warm baths, and the steady use of saline purgatives, will often suffice to cure the disease.

To allay the itching, the affected parts should be sponged with vinegar twice a day, which must be allowed to dry on. If this fail, the dilute solution of subacetate of lead, with glycerine, may be used; and, if the disease still resist, the ointment of ammoniated mercury or ointment of nitrate of mercury may be smeared upon the part night and morning.

In the severe forms above mentioned, our best endeavours will be sometimes baffled for a considerable time. In these cases, I have found the preparations of arsenic and cod-liver oil, with small doses of the bichloride of mercury at night, decidedly useful. The latter preparation, used as a lotion, in the proportion of one or two grains to the ounce of equal parts of glycerine and water, will sometimes allay the intolerable itching.

The late Dr. Craigie recommended a strong ointment of the sulphuret of potassium in this and in some other chronic skin-affections attended with much itching.

4. *Urticaria*. This affection is in general of so mild a character, and so easily managed by constitutional treatment alone, that I should scarcely have made a note upon it, had not two severe cases presented themselves. Both of these were benefited in a very marked manner by venesection; and the recovery was speedy and complete.

5. *Herpes*. The only forms of this eruption which have presented among our out-patients have been herpes phlyctenodes, herpes labialis, and herpes zoster. All recovered quickly under a cooling diet and regimen, with salines and mild aperients.

Herpes zoster, when it occurs in elderly persons, sometimes gives rise to much alarm and distress, particularly if it leave behind it the severe neuralgic pains which often attend the disappearance of this form of the disease in those advanced in years. The best remedy for this latter complication is, I believe, quinine in full doses, and the local application of a very strong solution of opium, to which, if necessary, chloroform may be added.

6. *Erythema*. This affection, in the form of erythema nodosum, is a very common result of the debility and exhaustion under which out-patients so frequently labour. When it occurs, however, as it sometimes does, as a consequence of rheumatic cardiac disease, it must be regarded as an unfavourable complication; and a very guarded prognosis in these cases should be given. No remedy cures this disorder so rapidly as quinine, provided that the stomach be in a state to assimilate it. When the spots are very painful, the legs should be rested in the horizontal posture, and the swelling kept moist by linen soaked in warm water, and covered with oiled silk. If the patient cannot rest, painting the erythematous patch daily with the tincture of the sesquichloride of iron may be adopted with advantage.

7. *Impetigo*. We have had examples both of impetigo figurata and of impetigo sparsa in the past two years.

The disease may be very severe in its acute form, and very obstinate and unmanageable in its chronic condition. When it occurs as an acute affection in an adult not weakened by previous illness, I should have no hesitation in advising venesection; and its adoption will, I think, be attended with decided benefit. In addition to this, the steady use of saline purgatives, with a mixture of the citrate and nitrate of potash, with small doses of the tincture of colchicum, will be useful. Externally, poultices or warm bran fomentations, and warm baths, with rest, will be proper.

The diet, as in most skin-diseases, must be mild and unstimulating; and wine or beer, as a rule, prohibited. If either be necessary, the former should alone be allowed.

If the disease occur on the scalp, it will be useless to attempt to cure it without having the hair previously cut quite close, and the scalp well poulticed to remove incrustations.

In the more chronic forms of the complaint, liquor potassæ, in full doses (twenty minims to one drachm three times a day, freely diluted), may be given; or, if this fail, arsenic will be the proper remedy. After removing the crusts by poulticing, the ointment of oxide of zinc or of subacetate of lead, used separately or in combination, will sometimes effect a cure.

As a rule, I believe that a better result will be seen to follow the persevering use of soothing measures applied locally, in conjunction with constitutional treatment, than by resorting too early to a more stimulating and exciting method of cure.

8. *Acne*. Two chronic cases of the indurated form of this affection have presented for relief.

Attention to the digestive organs, with the compound rhubarb pill at bed-time, and iodide of sulphur ointment smeared upon the face at night, acted very beneficially.

In some cases, a spirit lotion, with the addition of two grains of the bichloride of mercury to each ounce, will have a good effect.

Change of air, and the adopting of a different mode of living, will sometimes succeed in removing the eruption after the failure of a variety of local applications.

9. *Rupia*. Only one well marked example of rupia prominens has shewn itself among the out-patients in the two years.

The treatment consisted of a persevering use of poultices, and an alkaline mixture, with the liquor potassæ arsenitis internally. Under this plan, the case, which was a rather severe one, from the number and succession of the blebs and oyster-shell scabs, recovered satisfactorily.

10. *Alopecia, or Tinea Decalvans*. This parasitic affection is not an uncommon out-patient's malady. We have had it present both in children and in adults.

The patches from which the hair has fallen are generally circular or oval in shape and vary in size. In the case of an adult who some years ago came under my notice, the disease had entirely removed the hair from the scalp, eyebrows, pubes, and axillæ.

I have seen the iodide of sulphur ointment cure the disease; or, in the event of this failing, creasote ointment, or either of the following lotions, may be tried; the object being, of course, to destroy the parasite.

℞ Sodæ hyposulphitis ℥ij; acidi acetici ℥j; aq. rosæ ℥vij. M. Or

℞ Hydrargyri bichloridi gr. xij; tincturæ canthar. ℥j; aquæ rosæ ℥v. M.

The denuded patches must be well sponged with these lotions night and morning. Painting the spots

with the acetum cantharidis may be necessary in intractable cases.

11. *Syphilitic Eruptions.* Cutaneous eruptions originating from this specific cause are very rife among the class of out-patients who frequent our hospitals. Almost every variety of skin-disease is represented under these circumstances. The majority, however, as a rule, yield readily to the combined exhibition of mild mercurials, with the iodide of potassium.

I have generally found small doses of the bichloride of mercury, given night and morning, to be the best form for its administration; and it is generally admitted that the iodide of potassium acts more certainly when given with this medicine than when a course of each remedy is prescribed separately.

An important point for consideration is the formation of a correct diagnosis; and, in addition to the colour of the eruption, we shall often find useful diagnostic auxiliaries in the condition of the fauces and the periosteal covering of the tibiae.

In some questionable cases, an experimental trial of the above medicines will serve to clear up the doubt.

[To be continued.]

Reviews and Notices.

A TREATISE ON MILITARY SURGERY AND HYGIENE. By FRANK HASTINGS HAMILTON, M.D., late Lieutenant-Colonel, Medical Inspector U.S.A.; Professor of Military Surgery and Hygiene, and of Fractures and Dislocations, in Bellevue Medical College; etc. Illustrated with 127 Engravings. Pp. 648. New York, London, etc.: 1865.

This book has grown out of a small treatise which Dr. HAMILTON published at the commencement of the present war, for the guidance of those who were for the first time acting as army surgeons. The large stores of military surgical experience which have since accumulated are not yet entirely at the disposal of the profession; but sufficient information has been derived by the author from the communications in the medical journals, and from several friends, to enable him to bring forth a new work, and to discuss fully numerous questions of interest.

In the first or introductory chapter, Dr. Hamilton expresses very clearly the affinities and the differences of military and civil practice. "Military and naval surgery" (he says) "is not a new and distinct science; but only the science of medicine in its largest sense, with a special application." The principles are the same; their fundamental laws are nearly identical, but they differ occasionally in their subordinate rules, in the means used to obtain the same ends, and especially in the relative frequency of certain accidents and diseases. Having illustrated these points of difference, the author refers to the necessary acquirements of the military surgeon, and remarks on the manner in which the science of military medicine has advanced commensurately with the science of warfare. We find also some practical remarks on the means of conveying wounded soldiers from the field adopted in various countries, and an account of the system followed in the Federal army.

"The value of medical services to an army" (Dr. Hamilton truly says) "in a strategic, economical, and humane point of view, is indisputable." But, a

few pages further on, we find evidence that this principle has not been thoroughly recognised in America, any more than in this country. On this point the author has some remarks, which are peculiarly interesting at the present moment.

By an Act of Congress dated February 11, 1847, it was declared that

"The rank of officers of the Medical Department of the Army shall be arranged upon the same basis which at present determines the amount of their pay and emoluments: provided, that medical officers shall not, in virtue of such rank, be entitled to command in the line or other staff departments of the army."

The object of this was to raise the medical officers from a position of subordination in which they had been liable to annoyances and even to insults from inferior officers, "and to secure for them those courtesies and that respect which they had a right to claim." But, although the great body of the army and navy officers have, according to Dr. Hamilton, recognised the obligations of the Act of Congress, some have persistently refused to do so, and "have habitually and openly violated both its spirit and its letter."

The American army surgeon, like the British, is told, as a reason for depriving him of his proper privileges, that he is a non-combatant, "and that to combatants alone, upon whom rest the hazards and responsibilities of war, rightly belong its honours." Dr. Hamilton very justly utterly denies the correctness of this argument, and demonstrates the absurdity of the notion prevalent in some quarters that, while the officers of the subsistence department are to be treated as combatants, the surgeons are non-combatants.

"If exposure to hardship and danger is to be the ground upon which rank is to be conceded to officers of the army or of the navy, we think the claims of the medical officers may be easily determined. The medical officers are exposed to the same hardships on the march or in cantonments as the officers of the line; and while the latter have to incur the hazards of battle only occasionally, perhaps but once during a campaign, the former may be said to be doing battle daily, being constantly subjected to the dangers of pestilence by their exposure to the contagions and infections of crowded and unwholesome hospitals. We have not the statistics before us upon which to base a positive statement; but we entertain little doubt that, were the facts known, it would be found that, in proportion to the number employed in any campaign, the number of deaths or of invalided in the medical staff, by the ordinary casualties and exposures of the service, is greater than in any other department.

"But, as compared with the quartermaster or subsistence officers, the hazards of the medical officers are undeniably greater. The services of the first are never required upon the field; whilst the surgeons are expected to accompany their respective regiments until the action commences—and then only to retire to some position of comparative, but not absolute, safety. The instances upon record in which medical officers have been wounded and killed upon the field of battle, when in discharge of their appropriate duties, are numerous." (Pp. 30-1.)

Dr. Hamilton brings forward several illustrations of this fact. The first is a remarkable one related by Dr. Tripler. "In the brilliant campaign of General Scott in Mexico, *the medical staff was the*