Original Communications.

THE TREATMENT OF ECZEMA.

By R. H. Meade, F.R.C.S., Senior Surgeon to the Bradford Infirmary.

After perusing the learned paper on the Nature, the Varieties, and the Treatment of Eczema, by Mr. Erasmus Wilson, which was read at Cambridge, and published in the British Medical Journal of November 19th, I felt that the last division of the subject was much less satisfactorily treated of than the earlier ones; for, while the description of the nature and varieties of the disease was very graphic, the directions regarding the treatment of this common and troublesome affection were too general and indecisive.

In the treatment of this as of most other complaints, it is doubtless necessary, as Mr. Wilson says, to look to the constitution of our patient, and endeavour to correct any disordered function that may be present, or remove any predisposing causes; but is this sufficient to cure a case of eczema? May we not often succeed in strengthening or otherwise improving the general health, and yet find the disease as troublesome as ever? Are there no remedies which may be looked upon in some measure as specifics? I believe there are; but the only one recommended in this light by Mr. E. Wilson is arsenic; and though the efficacy of this tonic is undoubtedly great in many forms of cutaneous disease (the true scaly affections, for instance), I have little or no faith in its curative powers in cases of eczema, and have almost always found it disappoint my expectations.

Though eczema (as Mr. E. Wilson truly says) occurs in various forms and degrees, arises apparently from various causes, is met with in very different constitutions, and breaks out at all ages, yet I have mostly found it yield to the same remedies; and the most efficacious ones in my experience are bichloride of mercury and antimony. I quite agree with Mr. E. Wilson, that eczema is generally a disease of debility; but though it mostly arises in weak states of constitution, it is in its own essence inflammatory; and therefore, while the strength is supported by generous diet, an alterative remedy, like bichloride of mercury, which is so generally efficacious in chronic inflammatory complaints, may be advantageously given, and even combined with tonics.

With regard to antimony, it is less generally applicable in eczema than corrosive sublimate, but it will sometimes be found very useful; and in some obstinate cases, I have seen these two remedies exceedingly efficacious in combination. The form of the disease in which antimony administered singly seems more particularly applicable, is that in which it is acute in its character, and occurs in persons of a full inflammatory habit, who are also, perhaps, subject to gout or rheumatism. Tartar emetic given here, in combination with aperient salines and magnesia, will often cure the complaint very quickly.

We frequently see very annoying cases of eczema in oldish people, in whom the skin round the anus and about the scrotum or labia is affected. I have found the combination of bichloride of mercury and tartar emetic in the same mixture particularly useful in these cases, and sometimes cure them in a week or two, when they had resisted other treatment for two or three years. The dose of bichloride which I generally find sufficient is one-sixteenth of a grain, given three times a day, with one-eighth of a grain of antimony; in some demulcent mixture, as decoction of sarsaparilla or dulcamara.

Eczema very frequently occurs in infants, breaking out soon after birth, and becoming aggravated as teething commences. Most of these cases have, I believe, an hereditary origin—one or the other parent having a disposition to the complaint. These young subjects are mostly weak, and require strengthening treatment. Unless they are suckled by a strong mother or wet-nurse, they should have good beef-tea or broth given them, in addition to the milk; and have little or no farinaceous food. These are cases which will be especially benefited by corrosive sublimate. It must be given in very small doses, and continued a long time; it may be taken with occasional intermissions for months together, with advantage. A sixtieth of a grain, or even less, in a very young child, taken twice a day, with a little fluid extract of sarsaparilla and glycerine (which is a very good demulcent), will mostly check the complaint. Should the bowels be at all irritated by the mercury, a little opium may be combined with it.

In recommending bichloride of mercury so strongly as a remedy for eczema, I do not wish it to be inferred that I am bringing forward anything new; for I believe that this medicine has been long and largely used in this complaint, by the medical officers of the London Hospital for the Diseases of the Skin; and, knowing this, I was the more surprised that it was not even mentioned by Mr. Wilson in his paper. Having long used it in my own practice, I am anxious to bear testimony to its efficacy; and can recommend those of my medical brethren who are not yet acquainted with its virtues in the treatment of eczema, to give it a fair trial, both in combination with antimony and without it.

In the few remarks which I have made upon the treatment of eczema, I have made no allusion to external applications. I now mention them, for the purpose of saying that I by no means underrate their importance; but, as I am not professing to write a paper on the general treatment of this complaint, but only wishing to call attention to one or two particular remedies, I think it unnecessary to enter fully into the subject.

NOTES ON HERNIA.

By John Thompson, M.D., F.R.C.S., Bideford.

Hernia in the adult, everywhere a very common ailment, is, I think, more than usually frequent in this neighbourhood. I draw this conclusion from a comparison of the out-patients attending at a London hospital, and a similar number of patients of the same class, coming under my observation here. The difference in the occupation of the two will, I think, account for the variation. In town, a large amount of labour is in character sedentary, but here the principal occupations require active exertion of the lower extremities and abdominal muscles.

The oblique inguinal is the most frequent in occurrence; the femoral, beyond all comparison, the most liable to strangulation, and, when strangulated, the most difficult to reduce.

Of fourteen cases of strangulated hernia occurring in private practice under my treatment or observation, which required operation, thirteen were femoral, and but one inguinal (this was in a male); eight of the femoral were in females, five in males. In one of the male cases the sac contained omentum only; in all the rest in both sexes, intestine. Taking into consideration that femoral hernia is so frequent in

women, and relatively so unfrequent in men, these facts support the opinion, that the danger of strangulation in femoral hernia of the male is greater than in any other variety of the disease.

Generally speaking, the symptoms of a hernia are sufficient to make the patient suspicious of the nature of his ailment; but not unfrequently, especially in small femoral hernia, he has no idea of the serious nature of his case, and thus strangulation may occur, and inflammation be set up, before professional aid is sought. I deem it a matter of the greatest practical importance, to have a lively suspicion of the possible existence of a strangulated hernia, in all cases of complete intestinal obstruction attended with marked constitutional disturbance.

The patient may perhaps deny that he has a rupture, and attribute his complaint to a cold taken on a particular occasion, or to some injudicious feeding, etc., the statement being made in perfect good faith; when, nevertheless, the whole malady is due to some little intestinal protrusion unnoticed by the sufferer.

I knew a case where a young woman sent for her surgeon, in consequence of what she thought was a casual bilious attack with obstruction of the bowels. He made on his visit due inquiry for rupture, but was assured, most positively, that none existed; as he was still suspicious, he requested permission to make an examination, which was refused, on the ground of its being unnecessary; nevertheless, he persisted in the request, and on being eventually allowed to examine, he found a hernia; this he succeeded in reducing, and at once relieved the patient of her distress.

I was asked by a surgeon to visit a person suffering from strangulated femoral hernia, who had been under treatment for two days, without either the patient or his attendant being aware of the nature of the case, which was, however, discovered by the medical man before he requested my attendance. In this case reduction was found impracticable; I operated successfully, and the man recovered.

A patient of my own, who had frequently suffered from partial suppression of urine, and was accustomed in consequence to place herself under my care, applied to me for what she termed an attack of her old complaint. On my visiting her, she informed me that she had a good deal of pain about her back and loins, and also in the lower part of her bowels; that she had been rather sick, and had scarcely passed any urine for several days. She was at this time sitting by the fire in the downstairs sitting-room. I prescribed the usual remedies, but heard next day that she had not been relieved, in fact, thought herself worse, and desired another visit from me, which I accordingly gave her. She was now in bed; had eructation, retching, and occasional vomiting, the matters ejected having the first character of stercoraceous vomit. I questioned her respecting the existence of rupture; she denied having any, but, on my making an examination, I found a very small femoral hernia in the right groin; it was too small to be noticed unless under actual manipulation. I succeeded in reducing it, and in consequence at once removed the most formidable part of her disease. Here the hernia had probably become strangulated by the forcible efforts at urination; in all probability a rupture had existed for some time, as the patient, after the reduction had been effected, admitted having felt a sensation of bearing down in the part on some previous occasions.

I was sent for by a young farmer, who stated in his message that his "bowels were swollen like a barrel, and that nothing had passed through him for many days." On my visit I found eructation, retching, and occasional vomiting, with pain of the abdomen and swelling. He was quite unconscious of having a rupture, but, on my making an examination, I found a little femoral hernia, which was thought by the patient to be merely a swelling of the glands. I took great trouble to reduce this, and was ably assisted by a professional friend, but could not succeed. I therefore operated; and, though strangulation had evidently existed four days, the patient made an excellent recovery.

Dr. Watson speaks of two cases of supposed idiopathic peritonitis to which he was called, that, on examination, he discovered to be produced by strangulated hernia, and in both instances death resulted. He expresses his sensation to have been that of "horror," when, by examination, he discovered the true cause of the disease, and felt that it was too late to attempt an operation.

What are usually called the constitutional symptoms of hernia, are more strictly speaking the indications of acute intestinal obstruction from a mechanical cause; they suggest hernia, because this is beyond all comparison the most frequent cause of such obstruction.

I was called to a gentleman suffering from complete constipation, with some pain of a dull character in his abdomen, attended with eructation, retching, and vomiting. He had had incomplete hernia of the right side, for which he had worn a truss; but at this time there was no protrusion, and the finger could be pushed up the right inguinal canal to a considerable distance. His general symptoms exceedingly resembled those of strangulated hernia, and my observation was confirmed by two leading practitioners in the district, who attended with me in consultation. Our efforts to relieve our patient failed, and after death we found that complete obstruction of the cæcum, caused by extremely hardened fæces, presenting distinct facets, had been the cause of the illness with its symptoms and results. This gentleman was homœopathic in his views, and averse to taking aperient medicine; he could scarcely be said to have had for a long time a thorough evacuation of the larger intestines. The tympanitic state of the abdomen, during the illness, prevented our diagnosing by percussion with accuracy.

In another patient, presenting during his illness very similar symptoms, which had the same unfortunate result, the obstruction was caused by a stricture contraction of the small intestines. The absence of heat of skin, quick pulse, and other indcations of feverish action, was very marked in both these cases, during the first days of illness. Compared with hernia as a cause of obstruction, such instances are, however, very exceptional.

It has often struck me that, among the first symptoms of intestinal obstruction from hernia, much stress may be laid on the peculiar eructation and retching, which precede the vomiting, and, when this occurs, commonly form the first part of the process which terminates in ejection of the contents of the stomach. They differ considerably from the eructations and retchings which sometimes occur in dyspepsia and other complaints, in having a particularly diaphragmatic character, and suggesting a combination of retch and hiccough, forming together a more determined and spasmodic act, than is observed where they attend in other diseases. The pain attending the obstruction varies, but is not commonly very severe till inflammation ensues.

Where strangulation is produced concurrently with the hernia, and the latter is femoral, most intense suffering may occur at once. Mr. Lawrence made this observation long since, in his *Treatise on Hernia*, and I give the following case in illustration of its truth. A man in this town was employed as porter

to a steam-boat; and one night, at about eleven o'clock, when he had nearly completed his labour, he was seized with agonising pain in his bowels, and had to be taken at once to his home. Some one shortly after came and informed me of the man's suffering; and, as I knew him to be fond of drink, I suspected that he was suffering from some imprudence in his potations. I sent him some medicine containing full doses of tincture of opium, and requested to be informed of the effect. During the night I was called, and found him in agony; he could not stay in bed, but walked the room making loud expressive wailing. As he was a strong manly fellow, in fact an old wrestler, he would not have been the man thus to complain had not his suffering been intense. I soon questioned him about swelling in the groin, and also examined for it, when I found a glandular enlargement, and under it a little femoral hernia. The man said the glands had been enlarged for some time, but he had not known of the other swelling before. I attempted to reduce this hernia, using bleeding, the warm bath, and the taxis, but to no purpose, and in the morning a medical friend came to my assistance, and I at once operated. We found the glands in the groin much enlarged, and it was not easy at once to find the sac, so that my friend almost suspected that I had made an error, but it was not so, for a very small hernia existed. I opened the sac, divided the stricture, returned the intestine, and the man was relieved; he subsequently recovered without a bad symptom.

The length of time after strangulation, before inflammation of the abdominal contents is set up, varies much; moreover, some individuals succumb, where the indications of abdominal inflammation are not very marked, the long duration of the strangulation seeming to exhaust the constitution. Perhaps, in most of these cases, inflammation, mortification, and gangrene of the strangulated gut cause the death, without involving the peritoneum generally in the disease.

I was called to a female, the housekeeper in a gentleman's family, many miles from my residence, suffering from strangulated femoral hernia. She had been visited by her medical attendant for several days, and he had used every exertion to return the hernia, but had only succeeded in reducing its size. Still the constitutional symptoms of obstruction were not severe, and there was no marked abdominal tenderness. The patient could not believe that she needed an operation, as she suffered so little, and the persuasion of her ordinary medical attendant and myself was insufficient to impress her with its necessity.

This was the only case that I ever met with where a patient persisted in refusing to be operated on. It gave additional evidence of the necessity of never allowing the mildness of the symptoms to be sufficient excuse for deferring the operation; for she died without any great pain or symptoms of peritoneal inflammation.

Medical men will sometimes echo the language of their patients, and say that, till the symptoms are more urgent the operation is not justifiable; but such an expression rather indicates a want of resolution than a just view of surgical practice.

[*To be continued.*]

A Good Speciality. A man may know how to make a nail, and not know how to make a lock; but would it be possible for a doctor to understand the eyes, and be totally ignorant of the ears? A speciality is good, provided always there is generality also.

Transactions of Branches.

SHROPSHIRE SCIENTIFIC BRANCH.

A CASE OF ECHINOCOCCUS-CYST IN THE ORBIT.

By T. Wharton Jones, F.R.S., Professor of Ophthalmology in University College, London, etc.

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In Dr. Mackenzie's *Practical Treatise on the Diseases of the Eye* (Fourth Edition, p. 104), it is observed: "It is remarkable that the disease described in this section" (Section 6, chap. ii, Encysted Tumour in the Lacrymal Gland) "has not been met with, as far as I know, by any practitioner in this country."

The following case, which lately occurred to me, appears to be identical with those quoted by Dr. Mackenzie from Schmidt (*Ueber die Krankheiten des Thränen-organs*, p. 73; Wien, 1803), who originally described the disease, and called it *Glandula lacrymalis hydatoidea*.

A man, about 30 years of age, was brought from St. Pancras Workhouse to University College Eye Infirmary with the left eye in a state of exophthalmia. The disorganisation being great, I decided on first excising the protruding eyeball from the ocular capsule. This being effected, I proceeded to explore the orbit by the touch; and found that the cause of the protrusion of the eyeball was a fluctuating cyst adhering to the upper and outer wall of that cavity and extending back towards its bottom. The removal of the cyst was accordingly the next object to be accomplished. As the first step towards this, I slit up horizontally the external commissure of the eyelids, together with the adjacent part of the ocular conjunctiva, which had been dissected from the excised eyeball. The anterior part of the cyst was thus rendered quite accessible; and all that was now required to isolate it was, to divide the cellular tissue between it and the remaining contents of the orbit—viz., the ocular muscles, capsule, etc. In the course of this stage of the operation, it was found that the cyst extended back deep into the bottom of the orbit. Thinking it, therefore, not advisable to follow it with the knife so far, I contented myself with removing as much of it as appeared to be safely accessible. On first opening into the cyst, a large quantity of serous fluid escaped; and on laying it further open, there was discovered what appeared to be a smaller cyst lying free in its interior.

This smaller cyst being lifted out with a pair of forceps, was found to be about the size of an ordinary plum; and proved, on examination by my assistant Mr. Power, to be an echinococcous parent-sack, or vesicle, with its contained fluid and colony of echinococci.

The cellulo-fibrous external cyst was, lastly, dissected out to as great an extent as was considered safe.

Before applying the dressings, the wall of the orbit, where the cyst had been attached, was examined with the finger, and felt to be beset with exostotic spiculæ.

The operation being completed, the external commissure was reunited by suture, and the space left by the removal of the cyst, between the upper and outer wall of the orbit on the one hand, and the ocular muscles, capsule, etc., on the other, was lightly filled with charpie.

Suppuration from the cavity was duly established, and the healing went on favourably. The condition