comes indurated; and this is what is termed "specific induration". Specific induration seldom appears with the sore, of the nature or character of which it is so important a symptom. It comes on some, or even many days after the first appearance of the sore; and it makes its appearance under the ulcer, or even sometimes at the side of it. Sores which ultimately become indurated, are in the commencement sometimes of a very simple character; and the induration does not appear till eight, ten, or fourteen days have elapsed from the first appearance of the ulceration. There are other cases, where the induration does not appear till the sore has healed; and here, again, it comes on under the cicatrix of the original sore, or at its side. In the former instance, the ulcer is prone to ulcerate again into the depths of the induration; and then we have the excavated ulcer cut out, as it were, from the substance of the part underneath it. At or about the same time that the induration appears under the primary sore, the glands of one, and sometimes of both groins become swollen and hard. These forms of bubo rarely if ever suppurate. It is possible they might do so, under the influence of free living and exercise; but certainly their tendency is never to supuration. Whatever treatment succeeds in removing the induration of the sore, also succeeds in removing the original induration: the two come and go together. It is extremely probable, if not positively certain, that the induration of the sore, such as I have described, is not a primary disease, but one of the first evidences of constitutional mischief; and this is proved by the simultaneous appearances of the inguinal induration; and, again, by the very common circumstance that a true syphilitic lepra very commonly breaks out during the earlier days of the existence of the induration of the sore.

This form of skin-disease—that is, lepra—the true scaly venereal eruption, without papule, pustule, or ulcer, is the form of skin-disease which most commonly either accompanies or follows that kind of indurated sore and inguinal induration which I have just mentioned. It is very rare that any other form of skin disease is met with in such states, though I have seen one case in which pustules and papules also existed.

Some modern writers have leant to the view I have already alluded to, respecting the fact of the induration being an indication of an already existing constitutional taint; and hence have not placed the indurated sore amongst the primary forms of syphilis, but amongst the constitutional forms, to which it most certainly belongs.

Now, with regard to the treatment of these specific indurations; there is no doubt that the treatment should consist in the administration of mercury, either by the mouth, by friction, or by vapour. There are two parties, holding different opinions on this subject. The one party holds that mercury should be employed for the cure of the primary sore, and the prevention of secondary symptoms. Another class—the physiological school of medicine—who treat all kinds of syphilis without mercury, will tell you that mercury causes secondary symptoms. Now, we have one party declaring that if you do not give mercury secondary symptoms will follow; and another telling you that if you do give mercury it will cause secondary symptoms. The truth of the matter is that mercury, as commonly employed, internally or by friction, does not cause secondary symptoms, properly so called, though it occasionally breaks up the health of the patient, and disposes him to anomalous forms of eruption; and, again, unless exhibited in the form of vapour, which does not affect the health of the patient, it very rarely, if ever, as commonly used (for I cannot help repeating this) succeeds in preventing secondary symptoms.

Such is my doctrine; and I believe I can prove it to you from the practice of others as well as my own. M. Cazenave, Physician of the Hospital of St. Louis at Paris, gives a table of 143 cases of secondary syphilitic skin disease. Out of these, 41 had never undergone any treatment for the primary disease. Again, 46 of them had undergone mercurial treatment, and 51 of them had been treated on

the simple or physiological plan. Thus, you see, both methods were tried, and neither with the results claimed for them, as far as the prevention of constitutional disease is concerned.

We will now take an English authority. Mr. Judd took 10 cases of primary sores, which were treated without mercury; and 2 had secondary symptoms; that is, 2 out of 10. He took other 10 cases in which the patients were treated with mercury, and their mouths kept sore for thirty days; and 2 out of that 10 had secondary symptoms. Now, these facts showed this, that the administration of mercury did not prevent secondary symptoms, and that the patient might have been spared the pain and annoyance of having his mouth sore for thirty days.

But mercury is still occasionally required in the treatment of primary syphilis. It must not, however, be used indiscriminately: there are certain rules to be observed, which I shall lay before you. When a sore with hard edges, or an elevated chancre of the prepuce, remains indolent for thirty days, mercury may be judiciously employed, being administered either by the mouth or by friction or vapour. But with what view? Simply to heal the sore. In the second place, it may be employed when secondary symptoms appear before a primary ulcer has healed. These are generally cases of specific induration. But mercury, even in such circumstances as these—that is, where secondary symptoms occur before the primary or simple sore is healed—should not be used in the first days of the eruption, nor till the eruption has become chronic, and on the decline.

Mercury, then, is never to be employed in the simple primary sexual ulcer, possessing of necessity the characters I have described; nor is it to be used in the raised sore, or the sore with induration on the edges merely, except these have remained indolent for twenty or thirty days, and show no disposition to heal under other treatment. It is indicated in the ulcer with specific sub-induration, such as I have described; and in other ulcers which have become indolent, and have resisted other modes of treatment. It is also generally safer and more certain, exhibited by the skin, than given by the mouth.

These rules are safe guides in practice; and I am sure you may always follow them, to the advantage of the patient, and the safety of your own reputation, however you may be assailed by the exclusive doctrines of particular schools.

Birmingham, March 1855.

ON THE ORIGIN AND TREATMENT OF CHRONIC DISEASES OF THE SKIN.

By THOMAS HUNT, F.R.C.S., Surgeon to the Western Dispensary for Diseases of the Skin.

NO. VII.

ORDER VI. VESICLES (VESICULÆ).

THIS order contains diseases characterised by an eruption of minute blisters, and differs in no anatomical respect from the diseases arranged under the order bullæ, except in the size of the vesications.

The order vesiculæ contains four diseases, which have a short and definite duration, viz., varicella, vaccinia, herpes, and miliaria; one, viz., aphtha, which is rather an affection of the mucous membrane than of the true skin; and two, viz., rupia and eczema, which are chronic in their duration.

Rupia has precisely the diathetic character of *ecthyma*, but it generally commences in vesications, which speedily become purulent. The disease is very frequently syphilitic; when otherwise, its general history and treatment are the same as of *ecthyma cachectica*.

Eczema, which is a chronic form of herpes, appears in various forms and characters in all parts of the body, and an eruption of vesicles is so common and so various in its origin, seat, course, and character, that there is no sort of

identity about diseases called by this name, except the primary existence of vesicles and the chronic duration of the disease.

DIAGNOSIS. Eczema may be easily mistaken for other diseases. For instance, in its advanced stage it much resembles impetigo, especially if the serum originally filling the vesicles has speedily degenerated into purulent or sero-purulent matter (eczema impetiginodes). Such a mistake, however, is of no consequence whatever, for impetigo is believed by some authors to originate in vesicles. Herpes may also be confounded with eczema, and this is important, for herpetic eruptions appear only in clusters, and always vanish in ten days or a fortnight permanently, whereas eczema appears again and again. The herpes zoster (or shingles) which appears in detached clusters of vesicles in the waist, generally encircling about two-thirds of the trunk, is always preceded and accompanied by neuralgic or rheumatic pains, which is not the case with eczema. Herpes zoster is, in fact, an eruptive fever which runs a definite course, and rarely occurs more than once in the lifetime. Eczema is a chronic cachectic eruption, rarely visible through the dark yellow or mahogany crusts which overlie it, but which have so marked a character as to betray the nature of the disease to the practised eye. Here and there, too, a watery drop appears, and the patient will tell you that a moisture is always exuding from the parts; and this serves to distinguish it from the uniformly dry scales or scurf of the squamous and papulous forus. Eczema may attack every part of the body in turn, or together, the scalp, face, neck, trunk, limbs, fingers, toes, and nails. It spares neither age nor sex, and may become a most severe disease, forming crusts of purulent or sanguineous matter with gaping bleeding fissures; sometimes leaving the features hide-bound, the eyelids gaping, the hair tangled and matted, the ears hypertrophied or glued to the scalp, and the patient horribly disfigured, and not unfrequently deaf.

PROGNOSIS. The milder forms of eczema are easily cured, but as to the form above described, the best we can say of it is that though it will sometimes yield permanently to medical treatment, still it is very apt to relapse. It is also spontaneously evanescent and recurrent, and most patients say they have had the disease, "on and off", for years.

TREATMENT. Except when local eczema arises from external sources of irritation (eczema solare), in which protection from the sun's rays or any other cause, being the only preventive, is likewise the best cure, purgative medicines are most important, next to them, diaphoretics and diuretics. Depletion, in short, is, in the first instance, the treatment invariably required, leeches or even venesection in the severer cases, then saline purgatives, antimonials, or calomel, with a reduced diet; and at length saline diuretics. Generally a very restricted diet is desirable throughout the treatment, and a warm bath daily. When the pulse is low and weak and the patient complains of exhaustion, the mineral acids with quinine are useful, but only in conjunction with purgatives. The tonic treatment is generally indicated by the vesicles being transformed into pustules, and the dark mahogany crusts into dirty looking straw-coloured scabs. When the itching of the skin has subsided, and the discharge diminished, a short course of arsenic may be advisable, but it is rarely necessary.

The local treatment should, in the first instance, consist of nothing but rags or lint soaked in cold water, or a weak saline solution, which will greatly relieve the irritation. When the crusts are hard and rigid, especially if fissures exist, the glycerine lotion will give great comfort by rendering the surface supple, soft, and flexible. But it should not be stronger than one part of glycerine to five parts of elder-flower or orange-flower water. The glycerine should be pure and colourless, and free from an unpleasant odour.

CASE I. Eczema. Mrs. P., aged 40 years, applied at the dispensary March 18th, 1853, having been troubled with an eczematous eruption on the fingers occasionally for twenty years. For the last six months it had been particularly severe. She was nursing an infant, and had generally found

the eruption worse under similar circumstances. She had a quick pulse and hot skin, but was otherwise in good health. A dose of pills of colocynth and mercury was ordered to be taken every alternate night, and sulphate of magnesia with vin. antim. ter in die. After ten days trial, the disease being no better, six leeches were applied, and the medicine ordered to be continued. Soon afterwards, she lost her infant. The disease yielded to this plan of depletion, but she was obliged to apply the leeches several times, and she continued the purgative plan for nearly five months before the disease finally vanished. Her hands were frequently quite useless, from the pain of moving her fingers. She was discharged cured on the 16th August, and two months afterwards she presented herself in improved health and with no return of the disease.

CASE II. Eczema. R. D., aged 61 years, a hearty man in good health presented himself with an eczematous eruption on the leg, of inflammatory character, with two ulcers which had been open three weeks. He was treated with brisk purgatives and antimonials, and recovered in about two months.

CASE III. Eczema. A widow, aged 50 years, mother of ten children, had been troubled with eczema on the dorsum of both hands for twenty years. She had no appetite, complained of headache, and her tongue was coated. Bowels regular; catamenia ceased for ten months. She was treated with leeches and purgatives, and afterwards took the chloride of arsenic, and recovered in about five weeks. She had some return of the disease twelve months afterwards, when it rapidly yielded to similar treatment.

CASE IV. Eczema. H. P., aged ten years. The disease in this case had existed two years on the scalp, face, hands, and legs, and the patient was troubled with pains in the head, diarrhoea, and loss of appetite; but had no febrile symptoms. The diarrhoea was probably a salutary effort of nature. He was cured in three months by mercurial purges and arsenic. His health, however, remained imperfect; and in two months time the disease returned in the knees, and got well in three weeks by resuming the treatment.

CASE V. Eczema. A cook, aged 28 years, a single woman of costive habit, had eczematous patches on the hams, legs, arms, and neck, which caused great itching. The veins of the leg were varicose. She complained of feeling very weak, but the pulse was firm and the disease inflammatory. The health was with great difficulty restored under a course of purgatives, antimonials, tonics, and arsenic. She was discharged cured in nine months, the disease having existed a year before the treatment was commenced.

These few cases present proof that the disease is curable; but it often happens, especially in the worst cases, that the patient will not persevere for any length of time; which is the less to be wondered at, as the very treatment which subdues the disease at length, often aggravates it for a time.

Children often suffer from eczema behind the ears during the period of dentition. A wet rag should be applied, and purgatives administered somewhat unsparingly.

• ORDER VII. TUBERCLES (TUBERCULA).

Willan's definition of "tubercle", which he describes as "a small, hard, superficial tumour, circumscribed and permanent, or suppurating partially," is not a very happy one. There are three well-marked diseases ranged under this head, which the British practitioner is likely to meet with in practice—*acne*, *ycosis*, and *lupus*.

Acne is a very common disease, consisting of small hard pimples or tubercles, which often contain a little cheesy matter, or suppurate sluggishly. They appear on the forehead, temples, chin, neck, shoulders, and sternum, but never below the waist. The more common form, *acne simplex*, attacks young persons of both sexes at the age of puberty, and mars their beauty for two, three, or five years, unless effectually treated. It sometime persists for many years, in the form of *acne indurata*, in which the tubercles become much larger, more inflamed, yet still indolent, and far more difficult to cure. The other form of *acne* (*acne*

shades) seldom appears before the age of forty, and rarely gets perfectly well. It may originate either in intemperance or in excessive abstinence, or in other unknown causes. The two diseases are therefore distinct from each other.

Acne Simplex. DIAGNOSIS. Small pimples on the face are either the papule of lichen or the tubercula of acne. The papule of lichen always look red, and never suppurate. The tubercles of acne are red, yellow, and black, by turns, each going through a slow process of inflammation, supuration, and decline. In the latter stage, the minute spot of cheesy matter becomes black by exposure to atmospheric dust; and persists, unless it be removed by a needle or lancet. Lichen always itches, acne rarely.

Prognosis. When the simple form of acne is left to take its course, it seldom continues for more than five or six years, often not so long. It retires on the approach of mature age. By judicious treatment, it may generally be cured in a few months. The larger tumours, constituting *acne indurata* in its permanent form, are still curable, but not often cured, as they require from one to three years' treatment.

Treatment. External applications, if not wholly useless, are very deceiving. They never cure the complaint, and are quite as well abandoned altogether. If the health is perfect, a course of arsenic is the best remedy; and it acts better if an occasional purgative is given. The same remedy is applicable to *acne indurata*.

CASE I. *Acne Simplex.* M. L., aged 16 years, in good health, but having menstruated regularly for three months only, had been annoyed for three years with an eruption of acne on the forehead, chin, and bosom. She was ordered a purgative dose of pills every other night, and Fowler's solution three times a day. In five weeks, the eruption on the bosom had disappeared; and in three months there was scarcely a vestige remaining on the face. After the first month, the catamenia became suppressed, and a preparation of iron was substituted for the arsenic. In this case, there was probably a uterine or ovarian origin for the complaint; but it more usually happens that the disease advances or declines irrespective of the uterine functions.

CASE II. *Acne Indurata.* A young woman in excellent health, aged 24 years, had been annoyed for five or six years with an eruption of the tubercles of *acne indurata* on the forehead and chin. She took the chloride of arsenic thrice a day, in the usual doses, together with a purgative three times a week; and was discharged in five months, perfectly cured. The tubercles of acne, at the end of two months, degenerated into impetigo; but the pustules disappeared at length under the same plan of treatment.

CASE III. *Acne Rosacea.* A man, aged 32 years, who confessed that he had formerly been intemperate, had suffered for six months from an eruption of *acne rosacea* on the nose and cheeks. The capillaries were not enlarged or distended, as often happens; I therefore encouraged him to hope for a cure. The treatment adopted was precisely the same as in the last case; and he was discharged cured in ten weeks. He remained well for nearly two years, when he again became intemperate, and the disease returned. It is now yielding to similar treatment.

Sycosis is generally reckoned one of the most unmanageable of cutaneous affections: but, as the disease invariably arises from deranged health, the difficulty consists in restoring health; and this is not always easy. In many instances, I have known a change of residence from London to the country effect a cure without medical treatment: indeed, I have seldom been consulted for this disease by country patients; and I believe it is very rarely met with except in large cities. It is commonly associated, like all other cachectic affections, with parasitic complications; and the application of sulphureous acid has been known to relieve the disease greatly for a time, by destroying the vitality of the parasite; but the disease soon returns.

Diagnosis. Care should be taken to distinguish this disease from impetigo of the bearded parts of the face, which is often easily cured. The tuberculous affection

suppurates more slowly; always involves the hair-tubes; and, when it has continued some time, forms a crust which, in colour and general appearance, looks something like the seeds of a fig adhering to the chin.

Prognosis. This should be guarded; but enlightened and persevering treatment rarely fails.

Treatment. Much relief is experienced in carefully plucking out the hairs of the beard with tweezers; but this gives but temporary assistance. The razor should generally be avoided. The glycerine lotion softens the crust; but the effective treatment is always constitutional, and must depend on the state of the health. Scrofulous or emaciated subjects will rapidly recover under ample doses of genuine cod-liver oil.

CASE. *Sycosis.* J. F., aged 38 years, had been annoyed with a troublesome tuberculous eruption on the chin for two years. It showed all the characters of *sycosis*. He applied at the dispensary Jan. 2nd, 1855. His health was nominally good, but he was pale, and somewhat weak and wasted of late. He had slight cough, but no physical signs of pulmonary disease. He stated that he had taken arsenic formerly, which cured the disease, but injured his health, and reduced his strength.

Jan. 2nd. One drachm of Dr. De Jongh's cod-liver oil was ordered to be taken three times a day.

Jan. 23rd. The chin was much better. His health and strength were improving. The medicine was continued.

Feb. 6th. He was not so well; the bowels were costive. He was directed to take ten grains of compound rhubarb pill every other night, and to double the dose of the oil.

Feb. 20th. The chin was much better. His health was improving. The treatment was continued.

Feb. 27th. The eruption was nearly well. A wonderful improvement in the health had taken place. His cheeks were filling up; he felt strong and well, and in high spirits. The face was better than it had been for many months.

Lupus. This term has been used by authors in reference to several different diseases. Neither Willan nor Bateman gives any satisfactory account of it. But, in its modern acceptation, it is familiarly known as comprising two separate forms of tuberculous disease, attacking chiefly the nose and other features, viz., the *lupus exedens* and the *lupus non-exedens*.

Lupus exedens commonly commences with a little scab on some part of the extremity of the nose, within or without, or on the upper lip. This scab is disregarded by the patient until, by its long continuance and firm adherence, it excites attention; at length the patient picks it, or washes it off by ablution with warm water; and an ulcer, deep and hollow, becomes visible, surrounded by a livid margin, and covered by a glutinous exudation, which soon dries into a new scab, larger than the former. Perhaps now another tubercle will be formed, and this will take a similar course. A surgeon is consulted, who generally treats the disease as a trifle; and for this error—an error often committed by surgeons of high eminence—the patient never forgives him: for the nose is being eaten away by a slow phagedenic inflammation; and the part once ulcerated is never again restored; and the disease, if left to take its course, will, in the course of twenty, thirty, or forty years, if the patient live so long, eat away the nose, lips, cheeks, and every other feature, leaving the patient in a most ghastly and hideous condition. "Of this disease," says Bateman, "I shall not treat at any length; for I can mention no medicine which has been of any essential service in the cure of it." And this was the account given by every other author up to the year 1846. At this time I first published my opinion that it was a curable disease; and I have never since met with a single case in which I failed in arresting it, except where its ravages had extended to the bones.

Diagnosis. The term "ragged ulceration", by which Dr. Willan describes this disease, is liable to lead to its being confounded with syphilitic ulceration; and I have rarely met with a case of *lupus exedens* which had not

been mistaken for syphilis, and treated most unfortunately by mercury. There are four important distinctions between lupus exedens and syphilitic ulcerations of the nose and other parts: 1. The ulcerations of lupus are not "ragged", but regular and even, or nearly so, in the outline; whereas the syphilitic ulcer of these parts is irregular in outline, and often burrowing into subcutaneous excavations. 2. In lupus, the skin yields first; in syphilis, the tissues beneath, and often the cartilaginous and bony structures, become diseased before the skin shows any change. 3. The margin of the sores of lupus is livid; that of syphilitic ulcers, copper-coloured. 4. Syphilitic ulceration of the nose is always preceded by other unmistakable symptoms of syphilis; whereas the tubercles of lupus constitute a primary disease which first appears usually in the features of otherwise healthy and chaste young females about the age of sixteen.

PROGNOSIS. Left to itself, lupus exedens advances by slow but certain stages, until the nose, lips, gums, teeth, cheeks, eyes, and sometimes the ears likewise, have all disappeared, if the patient live so long: but the disease has no tendency to destroy life, and I have never known it fatal. So long, however, as the soft parts only are affected, it may always be arrested, and generally completely cured.

TREATMENT. The local treatment of lupus exedens has for half a century consisted of the application of an arsenical paste, the effect of which is the removal of the crust, and the restoration of a new and apparently healthy surface to the ulcers: but they invariably degenerate into their original condition; and it is doubtful whether the sloughing and destruction of texture is not rather hurried forwards than retarded by this application. In short, I know of no local treatment which is of the slightest use. Internally, there are two remedies, and two only, which appear to have been useful, viz., cod-liver oil and arsenic. Cod-liver oil has been prescribed under the notion that this disease is "a local manifestation of scrofula". This is, I think, a mistake. Lupus occurs in persons without the slightest trace of a strumous habit. Nevertheless, I acknowledge that I have seen very great benefit derived from the use of pure cod-liver oil in this disease: but, in these cases, the disease happened to break out in a strumous subject; and I have as yet seen no evidence that any case of lupus exedens has been actually cured by this oil. On the other hand, by the internal administration of arsenic, I have invariably been able to arrest the ulcerative process, and generally to heal the ulcers permanently. I have already published several cases to illustrate the value of this treatment; I will therefore add but one at present.

CASE. *Lupus Exedens.* On the 8th of February, 1853, my opinion was asked concerning the case of an otherwise beautiful girl of 18, in whom the tip of the nose, parts of both alae, and a portion of the septum, had already been eaten away by the ravages of lupus exedens, from which she had suffered for several years. The diseased parts had once been excised by a surgeon; and the disease had not appeared again on that precise spot, but it had chosen a near locality. Various other treatment had been tried. The health was fair, but somewhat delicate. She was ordered to take very small doses of the chloride of arsenic, and sent into the country early in the spring. In the following June, the nose had perfectly healed. On the two following winters, the disease returned in a slighter degree, but healed in the summer. During the whole of the present winter, the skin has been free from ulceration; and the only mark of disease is a slight redness and a very delicate desquamation of the cuticle. Her health is remarkably improved; she has gained both flesh and strength. The ulcers which appeared after the first course of arsenic were not phagedenic in their character, and have left no scar. I have several patients who are now taking arsenic for this disease, and in all of them it has effected an entire change in the character of the disease, and wholly arrested the destruction of parts in which its malignity consists. The only external application used in this case was the nitrate of silver; and I am by no means sure whether any lasting

benefit was derived from it. She was altogether a bad subject for arsenic: it gave her abdominal pains, and appeared to irritate and inflame the sore when she began it in the usual dose; but, by reducing the dose from ten to two minims of the liquor arsenici chloridi (a fifth of the dose required by most patients), it agreed with her well, and all the benefits above described accrued from it. We know nothing of doses except what we learn from the patients under our eye. Some practitioners give their patients a prescription for a full dose of arsenic, and send them adrift for a month. This is much to be deprecated. At first, the patient should be examined twice a week; afterwards once a week.

Lupus Non-Exedens. This disease consists of patches (or often only a single patch) of tubercles on a dusky red or livid ground, which go through a slow process of imperfect suppuration, and then throw out a furfuraceous desquamation. In most cases, there are extensive changes taking place in the structure of the skin, the dermis being thickened and hypertrophied (lupus with hypertrophy, *Bielt*); but there is neither preliminary nor consecutive inflammation. The disease is generally as persistent as the ulcerative form of lupus, and more difficult of cure. If it is destroyed by escharotics, it leaves an unsightly scar, around the circumference of which fresh tubercles soon appear. I had little success in the treatment of this disease until I was induced to try Dr. De Jongh's cod-liver oil; and this medicine has certainly appeared in some cases to exert a rapid control over the disease. The patients have, however, too recently come under treatment for me to be able to state the ultimate result.

ORDER VIII. SPOTS OR DISCOLORATIONS (MACULÆ).

This order contains only local affections, on which I have no practical remarks to offer.

Syphilis and Scrofula. It is important to observe, that most of the skin diseases above described are liable to originate in the syphilitic poison in some cases, and in others to be modified by the peculiar diathesis of a strumous constitution: and it is important to diagnose clearly these two conditions, when either of them is present. The history of the patient will throw the best light on the case; but, besides this, the local indications are not wanting. A strumous ulcer may be mistaken for a syphilitic ulcer, and the mistake may be fatal. The surface of the ulcer may be very similar in both cases; but the margin of the syphilitic ulcer is copper-coloured; that of the scrofulous ulcer, livid, dull, indolent. The former is irregular in shape, often burrows, and forms channels covered by bands of copper-coloured integument; the latter is more rounded, deeper, more decidedly suppurative. The fluid discharged by the syphilitic ulcer is often thick and homogeneous; that of the strumous sore is thin and flaky. Of the treatment of these peculiarities I do not propose to say more than that mercury in the one case is the great remedy, and cod-liver oil in the other.

CONCLUSION.

I have now completed my account of the origin (so far as it is known) and treatment of the chief of those affections of the skin which are likely to present themselves to the notice of the English practitioner; and, in doing so, I have endeavoured to embody a clinical view of the practice pursued at the Western Dispensary for Diseases of the Skin. There are two other important affections of the skin—purpura, and the epidemic form of boils and carbuncles. These diseases scarcely belonging, pathologically, to the cutaneous class, I propose to treat of them separately.

The reader will have observed that I treat nearly all diseases of the skin by internal remedies, and that I have little faith in the permanent efficacy of external applications of any kind. Indeed, I object to them on two grounds—(1) they may cause a translation of disease to the interior, *e. g.*, from the scalp to the brain, of which I have seen one fatal case; (2) they obscure the condition of the disease as affected by internal remedies, thus

preventing that regulation of the dose in which the secret of successful treatment consists.

The doctrines of cutaneous therapeutics cannot, however, be said to be settled. During the preparation of these papers, a communication has appeared in the *Monthly Journal of Medicine* (January 1855), from the pen of no less important a writer than Professor Bennett of Edinburgh, "On the Treatment of the more Common Forms of Skin Disease met with in Edinburgh," in which the accomplished author certainly lays down rules about as contrary to those which I have learned to respect, as is possible in the nature of things. The cases on which this practice is founded have presented themselves "since the addition of a ward for skin diseases to the clinical department of the Royal Infirmary". How many months this has been added does not appear, neither are we told how many patients have been under treatment; but all I have at present to say, in reference to Dr. Bennett's views and practice, is, that thirty years ago my own views very nearly corresponded with his in many points; my practice did not essentially differ: but the utter failure of topical treatment in hundreds of cases led me to study more carefully the pathology of these diseases; and, directing my remedies to the condition of the circulating fluids as the origin of local disease, I have been successful, not only in hundreds, but in thousands of cases; and, instead of having to regret, as formerly, that, by restoring the skin, I had destroyed the health, I have generally found that the freedom from skin disease has been coeval with, and dependent on, the permanent improvement of the health.

Alfred Place, Bedford Square, March 1855.

CASE OF SCIRRHUS IN THE DUODENUM: JAUNDICE.

By PHILIP H. WILLIAMS, M.D.

History. Rebecca C., aged 40 years, complained of having suffered from dyspeptic symptoms for several years, but did not remember to have been laid aside by any special attack until the present illness. The appetite and strength became gradually impaired, and the flesh wasted.

Present Attack. Commenced, about eight weeks ago, with vomiting of slightly discoloured thin fluid, preceded, accompanied, and followed by uneasiness in the epigastric region. A blister had been applied over the seat of distress, and pills had been taken without any benefit. When I first saw the patient, about five weeks ago, the skin was uniformly jaundiced. The flowing of thin dark fluid from the stomach was frequent. There was uneasiness at the epigastrium, but no decided pain nor tenderness on pressure. The abdomen was flat: the sounds, on percussion, in all the regions, were normal. No tumour of any kind could be detected. There were no spasms, no gall-stones, no fever—in fact, no indications from which the true pathology of the case could be deduced. The general symptoms were simply those that attend the absorption of bile, namely, thirst, furred tongue, dark urine, and constipation.

Treatment. Small doses of calomel and henbane were given every four hours for two days, with a mixture containing prussic acid, bicarbonate of potash, and spirit of nitric ether. Diet, beef-tea. The bowels acted; but, instead of presenting the clay-like appearance which I expected, the motions consisted of a dark fluid somewhat similar to that which flowed from the stomach: it differed in being a little thicker and offensive, the fluid from the stomach being perfectly free from odour. The sickness was allayed so that a cup of beef-tea was retained for six or eight hours; but the relief was only temporary. At the end of a week, the jaundice, with the other symptoms, remained. As no pathological cause could be discovered, an unfavourable prognosis was given, and, at the end of a month, was verified by the death of the patient. The vomiting became more frequent, so that no nourishment

could be conveyed into the system. Emaciation made steady progress, and exhaustion became complete.

Post Mortem. When the abdomen was opened, the duodenum was lying where the transverse colon should have been found, and formed a bag which looked exactly like a second smaller stomach, and contained, as did the stomach itself, a quantity of dark thin fluid. On tracing the duodenum downwards, a scirrhous deposit, about the size of a walnut, was found in the gut, below the point where the biliary and pancreatic ducts enter. The disease seemed to have commenced in the wall of the gut next to the pancreas, into the head of which the deposit had slightly extended. The remainder of the small intestines, together with the whole of the large intestines, were remarkably diminished in calibre. The liver was congested, but quite free from disease. The gall-bladder was full. All the viscera were healthy. The scirrhous mass in the duodenum almost blocked up the passage, so that the bile which was constantly secreted was passed upwards into the distended portion of the duodenum, where it lodged (before reaching the stomach, and being ejected) for a sufficient length of time to allow absorption of the colouring matter to take place. The pylorus was quite healthy.

Dispensary, Worcester, March 1855.

PERISCOPIC REVIEW.

SURGERY.

GLEANINGS FROM THE JOURNALS.

SURGICAL TREATMENT OF ABSCESS OF THE BREAST.

The surgical treatment of mammary abscess forms the subject of a paper by M. CHAISSAIGNAC in the *Gazette Médicale* for January 20th and 27th, 1855.

The author makes the following classification of these tumours: 1. Abscesses external to the gland (perimammary); 2. Abscess within the gland (endomammary).

The first class comprehends subcutaneous and subglandular abscesses. The subcutaneous abscesses are divided into simple phlegmonous, lymphatic, and diffused. The subglandular abscesses are either simple phlegmonous, or hygromatic—i. e., seated in the submammary serous tissue.

The endomammary abscesses are divided into canalicular and interlobular.

1. **Perimammary Abscesses.** *Subcutaneous abscess of the lymphatic or angioleucitic kind* is one of the most common forms of mammary abscess. Its symptoms are, rigors at the commencement; redness and more or less swelling of irregularly arranged parts of the breast, or reddish streaks proceeding from the breast towards the axillary gland; painful engorgement of the glands in the axilla; and finally, when suppuration has taken place, a conical tumour with a soft base, regularly circumscribed, and independent of the gland.

Phlegmonous perimammary subcutaneous abscess is also very common, and is distinguished by pain, heat, and swelling; by the formation of a projection corresponding to the part of the breast which is most hard and red; by the generally large size of the abscess; and by its being generally alone.

Perimammary diffused abscess commences with very acute lancinating pain, and a sense of violent constriction of the gland; a diffused erythematous redness covers the breast; the organ swells like a sponge; and the pulse becomes small, frequent, and compressible: suppuration is soon established; the skin is perforated at several points, so as to disclose the cellular tissue dead, and as if imbued with a milky pus: finally, the whole of the subcutaneous cellular tissue is attacked, and the gland is as it were dissected out by the successive death of the parts invaded.

Subglandular abscesses of the phlegmonous kind commence with general swelling of the breast, and deep-seated pain, and the ordinary general symptoms of rigor, fever, etc. When fluctuation is formed, there is an oedematous state of the breast or the adjacent parts. Fluctuation cannot be readily detected unless by palpation at the lateral parts of the breast.

The symptoms of *hygromatic posteromammary abscess* are nearly the same as those of the phlegmonous form; and, if the