frequency that does not improve the temper of the gouty patient, but may raise the hope of his physician as to the probability of cure. Other seats of pain are most frequently the insertion of the deltoid muscle and the inner aspect of the upper arm, the ankles, the heels, and the interscapular region. The lower mammary region on the left side is often the seat of pain, as it, indeed, is in many other maladies.

IV. *Modifications of Muscular Action.*—1. Cardiac palpitation, intermittence or irregularity of pulse, or painful aortic pulsation at and below the epigastrium, often suggest to the patient the presence of cardiac disease; and it is worthy of remark that, on the one hand, a very great amount of discomfort may often be felt by the patient when the physician can discover no change in sound of heart or rhythm of pulse; and that, on the other, disease of aortic valves, and other obvious signs of cardiac change, may often be discovered by the physician in a gouty patient, he having never been conscious of any thoracic trouble.

2. Flickering contractions of muscles in the limbs; tonic spasm, with cramp-like pain; and "startings" on falling asleep have often appeared to me to be of gouty origin, and that for the reasons that I have assigned. Priapism, without erotic feeling, is also very common. It sometimes disturbs the sleep, is felt on awaking, but quickly disappears without emission.

3. Local weakness of muscles, such as ptosis, single or double; want of co-ordination of movement of the limbs, both upper and lower, giving an awkwardness of movement and an ataxic gait—are among the symptoms that may have the course and history that I have suggested. I have recently seen several cases of ataxia, and one with marked double ptosis, which had been treated unsuccessfully upon a syphilitic hypothesis, but which recovered speedily when the treatment was based upon a gouty theory.

V. Lastly, there are symptoms beyond those which I have mentioned, and which do not form part of the matter for my description now, but which I will simply enumerate as being further guides or helps in the diagnosis of gouty cases: 1. Dyspepsia, cardialgia, distension of stomach and colon with flatus, pyrosis, and acid eructations; 2. Varicosity of veins, with tendency, upon slight injuries, to occlusion of veins; 3. Brittleness and vertical lining of the nails of both fingers and toes; 4. Slight conjunctivitis with occasional chemosis.

The groups of symptoms that I have enumerated rather than described sometimes coexist, sometimes alternate, and their phases are often very puzzling. They present great difficulties in diagnosis and in treatment until the clue is caught. It is often saddening to look through the carefully cherished prescriptions, and especially when they are one's own, and see the long array of drugs that have done no good—iodine, bromine, strychnine, quinine, zinc, iron, silver, cerium, arsenic, valerian, and hops, to say nothing of mercury, bitter infusions, mineral acids, and the like; but then one's sorrow may often be turned into joy—and a joy in which the patient most heartily participates—when a simple treatment, such as I have suggested, is adopted, and all the troubles disappear with a rapidity that seems quite magical, and reminds one of that beautiful process of clearing a photographic picture by cyanide of potassium.

CHEIRO-POMPHOLYX AND DYSIDROSIS.

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THERE are probably few dermatologists who have failed to notice, from time to time, a disease which Mr. Hutchinson has described as cheiro-pompholyx, and to which Dr. Thin has recently called attention. A short time ago, a well-marked instance of this affection came under my care. The subject of it was a lad in good health, the son of a medical man living in the country, who had for a long time noticed the affection in his son as something out of the common, and sent him to me for a second opinion. The eruption corresponded exactly with the very accurate description of it given by Dr. Thin; and its recurrent character was well illustrated, for my patient had suffered from repeated attacks. It was in his case confined to the hands, and consisted of vesicles arranged singly or in small groups along the sides and backs of the fingers. The contents of the vesicles were quite clear, and there was no other sign of inflammation in their immediate neighbourhood, or on any other part of the body; there was, in fact, nothing resembling ordinary eczema. I should probably never have seen this case had it not been for the peculiar condition of the nails, which caused my patient annoyance, and which were, as Dr. Thin describes them, "undermined and broken near the root".

Judging from the few well-marked cases of this affection that I have

seen, I should regard the following as its chief distinctive features: 1. The symmetry of the parts attacked by the eruption; 2. Its occurrence chiefly in the hands and feet; 3. The absence for the most part of other signs of inflammation beyond the development of vesicles or small blebs; 4. The peculiar condition of the nails; 5. Its strikingly recurrent character. These features may not be found in every case, but they are certainly generally present. I have never been able to discover that this affection originated in the sweat-ducts or glands; and I fail to see, on that supposition, why the nails should be so often attacked. Further observation will probably determine to what group of skin-affections cheiro-pompholyx should be assigned.

With regard to dysidrosis, I entirely agree with my friend Dr. Tilbury Fox, that the affection he describes under that name exists, and also that it is an affection of the sweat-glands, associated with more or less inflammation. But it is perfectly distinct from cheiro-pompholyx; and I fail to see in what respect it differs from a local hyperidrosis, giving rise, as it often does, to secondary eczema. Whoever will refer to vol. I of Hebra's *Handbook of Skin-Diseases* (Sydenham Society's Translations), will find (at page 83) an account of local hyperidrosis, corresponding in every respect with what Dr. Fox describes as dysidrosis. In the case to which Dr. Fox refers in the *BRITISH MEDICAL JOURNAL* (December 8th), he mentions the "oozing out" of the sweat, and, when that was wiped out, a "fresh supply oozed out". So, in his text-book, he remarks (page 476): "The eruption makes its appearance in those who habitually perspire freely." And in speaking (page 478) of the differential diagnosis, the only distinction he draws between hyperidrosis and dysidrosis is, that: "In hyperidrosis, there is a large amount of sweat poured out upon the surface; it is not retained to distend the sweat-follicles." But surely, when we "wipe off" the sweat and a "fresh supply" oozes out, it is not retained in the follicles, nor is it retained in those who "perspire freely".

Hebra, writing many years ago, remarks on the frequency with which hyperidrosis of the hand causes the epidermis to become "saturated with sweat", and to assume a "white colour"; and again, that "hyperidrosis localis may give rise to eczema in all its grades". The fact is, that in acute local hyperidrosis, when the parts become swollen, there is always more or less retention of sweat in the glands and other tissues.

On the whole, however, I cannot but think that the distinction between dysidrosis and hyperidrosis localis is too shadowy to justify the introduction of a new name for an old disease.

A CASE OF PARALYSIS OF THE DIAPHRAGM WITH PECULIAR LARYNGEAL SYMPTOMS.*

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IN December 1875, a boy came under my observation who had been under the care of Mr. Reid of Tenby and Dr. West of London. Mr. Reid's account dated from a month previously. He had found tenderness and pain in the epigastric region, with great enlargement of the abdomen, dullness on percussion over the epigastric, right hypochondriac, and upper part of the umbilical regions. There was a slight sound on inspiration, somewhat like an eructation, but evidently spasmodic and involuntary. This sound increased in intensity day by day, until it became most distressing, sometimes resembling the clucking of a hen, sometimes the noise made by a turkey, and eventually it became like the scream of a peacock. It ceased during sleep; but sleep was very difficult, and henbane had been found the best hypnotic.

Mr. Reid considered the child was suffering from albuminous liver and kidneys; the more so that, on one occasion, he had found the urine albuminous. But this latter symptom may have been accidental, as the urine was always healthy during the year of my observation of him.

At the date of my seeing him, he was taking a nightly dose of henbane to the extent of two drachms. He seemed a bright intelligent boy. On stripping him, the upper part of the abdomen was very prominent. The respiration was rather forced and wholly thoracic; the diaphragm seemed to be completely inert; and I considered that the prominence and dullness of the upper part of the abdomen were due to the alteration of the position of the liver and other organs caused by this condition of the diaphragm. The respiration was very noisy both on inspiration and expiration, and simulated a peacock's cry pretty closely; it never ceased for an instant, except during sleep. Swallow-

* Read in the Section of Medicine at the Annual Meeting of the British Medical Association in Manchester, August 1877.