got rid of a good deal of the poison, but still retained enough to nearly kill him. Slowly recovering from the effects of the mineral, he found that his syphilitic symptoms, which had been somewhat troublesome, had entirely disappeared; and, from that day to this, he has never detected a trace of the old malady.

CASE OF HÆMORRHAGE IN ONE LOBE OF THE CEREBELLUM.

By EDWARD MACKEY, M.D., M.R.C.P., Brighton.

DR. HUGHLINGS JACKSON says:—"Large and fatal effusions of blood limited to one lobe of the cerebellum are very rare, except from injuries. In the latter case, the blood reaches the surface, and indeed is often rather a pulp of brain and blood than a distinct clot." And again:—"Hæmorrhage in the cerebellum is very rare, and it is very difficult to diagnose it. I have not yet seen an instance. Sometimes there is hemiplegia, and sometimes there is not. One mark is vomiting." (Reynolds's *System of Medicine*, vol. ii, Art. Apoplexy.) These remarks from so high an authority induce me to record the following case.

On November 7th, at 5 P.M., I first saw the patient, a strongly built man aged 32, lying on his back comatose, with stertorous breathing, swollen livid face, and clenched teeth, from which spumous fluid oozed. The pupils were equally and moderately contracted. There was no hæmorrhage from the eyes, nose, or ears. The face seemed rather flaccid on the left side. The pulse was 56, full but unequal, slightly irregular; the heart's impulse was the same; there was no *bruit*. Coarse *râles* were heard over the chest. The right arm was sometimes moved, and the hand twitched slightly. The left arm moved not at all; it fell heavily when lifted, and seemed paralysed. The legs were not moved. The bladder had emptied itself in the bed, and was not now distended. The skin was warm, not very perspiring; temperature 100 deg. Fahr.

I was informed by his companion coachman (who was with him constantly) that the patient went to bed, apparently perfectly well, at eleven, on the night of the 5th; had one or two glasses of ale, as usual; nothing more. On the 6th, at 4 A.M., he awoke, saying he had a "splitting" headache, and vomited. Vomiting and retching continued every five or ten minutes up to about 9 A.M. He was sensible, but said he was very giddy and could not see. His head-pain was like "opening and shutting at the top". Subsequent inquiry elicited the following curious statement. In the course of the morning, he got out of bed and tried to walk to the door; but, instead of doing so, turned round "two or three times" and fell. This he stated himself to his companion soon afterwards, and showed the wall against which he struck his head. From the arrangement of the room, it was clear to me that his turning would be from left to right. He never got up from bed afterwards. In the evening, he was still sensible enough to speak to his brother and hear a letter. Neither the bowels nor bladder had acted. He asked for a "composing draught"; but the druggist, who sent "something", tells me it was soda with aromatics only. About eleven, his companion went to bed with him as usual, and soon afterwards noticed that his breathing became very heavy, and he thought him asleep. In the morning (7th), he found him unconscious. He could hear; for, when loudly called, he opened his eyes, but he could not speak or swallow. He grew gradually worse through the day. The bladder seems to have acted about 2 P.M. After my visit at five, the coma deepened, and he died quietly at seven that evening. There was no convulsion.

POST MORTEM EXAMINATION.—November 9th (under coroner's precept). There was no external injury; no contraction of toes or fingers. On removing the calvarium, the vessels of the dura and pia mater were found gorged with venous blood. The brain-substance was not markedly congested. A normal amount of serous fluid was in the lateral ventricles. The corpora striata and optic thalami were quite healthy (to the eye). On turning the brain with its base upward, the left lobe of the cerebellum (the subject's left) was found pulpy, and about half an inch inwards was a dark red clot of the size of a small hazel-nut. This was not like an ordinary recent apoplectic clot, but, as Dr. Hughlings Jackson describes, "rather a pulp of brain and blood". It could not be washed out by a stream of water, but adhered to the brain-substance by small fibrils (capillaries). All round it, for at least half the lobe, the brain-substance was pulpy. The opposite lobe (subject's right) presented a marked contrast, being firm and apparently normal in every respect. The heart was large and loaded with much external fat; all the cavities were flaccid and empty; the valves were healthy; the endocardium and inner coat of the aorta were very

deeply stained. The lungs were intensely congested, dark-coloured, crepitant. The bronchi contained much secretion. The stomach was empty, rather patchy, not inflamed. The liver was large, healthy, or at least not at all cirrhotic. The spleen was engorged, pulpy. The kidneys were intensely congested, of dark purple colour, but the pyramids were distinct enough; the pelvis of one kidney was distended, containing urine. The bladder was level with the pubes. (The urine was not examined for albumen.)

At the inquest, no evidence whatever of injury could be elicited; and there was a clear history of very good health for at least eleven years back. He had only occasional headache and some "trouble with his heart". The man was reckoned "very steady" by his companions; he was certainly not an habitual drunkard, though his employer said he drank sometimes. He had been married four years, and had three children. I could find absolutely no cause for the fatal seizure. It was mistaken at first by those about him for alcoholism, and afterwards for opium-stupor; but there was no real difficulty in the diagnosis of "apoplexy" when I saw him. "Death from apoplexy" was the verdict. (Two interesting cases of cerebellar hæmorrhage are recorded by Dr. Broadbent in the *Pathological Transactions*, vols. xii and xv.)

PSORIASIS PALMARIA IN MILKERS.

By GEORGE GASKOIN,

Surgeon to the British Hospital for Diseases of the Skin.

It seems accredited by modern clinical teaching that psoriasis palmaria is nearly always syphilitic. This is hardly in accordance with my experience. In this complaint, as it comes before me, scarcely one case in four is syphilitic or has a syphilitic history. There are syphilitic and non-syphilitic cases of psoriasis palmaria, and some are of a doubtful or complex character. In these last, there is more than one element of uncertainty; for the scorbutic are liable to incur syphilis, and the antecedence of syphilis is not a certain proof, however strong the presumption may be.

Not at all unfrequently psoriasis (lepra) is seen to affect the palms as an exclusively local affection, and in the same way the soles of the feet and the nails; but always some additional manifestation should be searched for: perchance it may be found in the line of the peronæi muscles, above the external malleolus, in a patch the size of half-a-crown; or perchance it will be seen elsewhere. The character of the affection will then be made known. But where there are sore places on the tongue or angles of the mouth, or an eruption on the scrotum, moist or dry, or scars on the surface of the body, then the chances are immensely increased that the palmar affection is specific.

Moreover, the syphilitic form is more liable than the other to fall into ulceration, especially when irritants are applied. The signs which are generally relied on, as the unilateral character of the affection and the white fringe of Biett, I have not found sufficient guides. In fine, if we would be perfectly skilled in diagnosis of these cases, we should study the palms of the hands in cases of general psoriasis.

Among dairymen who take a share in milking cows, I have seen several cases of this affection, and I do not think it is uncommon among them. The service, I believe, is now commonly performed by men. Such cases are scorbutic, syphilitic, or doubtful, agreeably to the division I have made. In the first instance, the arrangement of the crusts or scales is peculiar, as they circle round the ball of the thumb; it is determined by the nature of the pressure in the act of milking. Of the syphilitic cases I may mention one as peculiarly revolting. The hands were the seat of rhagades and ulcerations, yet with the characteristic painlessness which is seen in syphilitic sores. The man pursued his task from day to day with apparent indifference, though it involved the milking of twenty cows. He had soft nodes, and suffered much from iritis, and it was this last symptom that distressed him. His wife was more recently infected.

Although the subject is of an unpleasant character, I think it would be possible to insist on a great circumspection in the choice of men who have this duty to perform. If the "neat-handed Phillis" is to be discarded, which I cannot but think of with regret, we ought to be very particular in the class of men employed. Thus, for instance, it is obvious that discharged soldiers and seamen, in whom the probability is not small that they may have had syphilis, are not the people we should make choice of for milking our cows; but, in short, whoever has had this complaint in any degree or at any period of his existence is unsuited for so delicate a duty from the following considerations.

One of the most notable effects of the syphilitic contagion is the loosening or impairment of the soft tissues, so that they fall into sudden ulcerations; and commonly enough we trace syphilis by the scars it

leaves behind. But this instability of the soft parts has something of a permanent character, at least in many instances, as by relapses, is frequently shown to be the case. A man may have recovered from syphilis, and a line of healthy children may witness to his general healthfulness; but let him take in hand a pickaxe, or work in the garden with a spade, and he will bring on a psoriasis palmaria, which proves that his tissues have lost their normal integrity.

Psoriasis palmaria, indeed, may happen as a rather early symptom in syphilis; but it is liable to occur after a very long interval of years. There is here found an analogy to certain hereditary states, especially from scrofula and consumption; for some have weak hands as an hereditary and others as an acquired affection.

THERAPEUTIC MEMORANDA.

THE THERAPEUTIC USE OF ARSENIC.

DR. LOCKIE's paper, in the JOURNAL for December 7th, "On the Use of Arsenic as a Blood and Cardiac Tonic", is practically of much importance, and has for me a special interest. I believe I was the first to make known, in a paper "On the Use of Arsenic in Phthisis" (*Medical Times and Gazette*, January 17th, 1863), that the drug acts as a blood improver. Speaking of remedies of this class, I wrote: "It is certain, however, that in some cases of anæmia arsenic will restore the complexion and the strength as effectually as iron itself." But the remarkable power which arsenic possesses of curing severe forms of gastralgia, pointed out by me several years ago, constitute one of its most valuable properties. The late Dr. Anstie is quoted by Dr. Lockie as saying, that there is one remedy which is supremely effective in asthma, angina, and gastralgia. In a conversation which I had with Dr. Anstie, shortly before the publication of his book on *Neuralgia*, I found that he relied on strychnia, as he also stated therein, for the treatment of gastralgia; and that he was only acquainted with the value of arsenic from my papers on the subject (*BRITISH MEDICAL JOURNAL*, November 23rd and 30th, 1867, and *Medical Times and Gazette*, July 23rd, 1870), to which he refers in his book. However, he seems from the above to have adopted my conclusions fully. Several more or less recent systematic works could be mentioned in which the arsenical treatment of gastralgia is recommended, without acknowledgment of the source from which the practice was derived.

For asthma of the spasmodic kind, or having that tendency, smoking arsenic—a practice originally derived from China—is highly useful. But the regulation of the quantity used requires great care. Messrs. Savory and Moore made, at my suggestion, cigarettes of filter-paper, burning almost without ash, each containing a definite quantity of arsenic, which answered the purpose well.

ARTHUR LEARED, M.D., etc.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN AND IRELAND.

ST. BARTHOLOMEW'S HOSPITAL.

CONSULTATIONS.

OCTOBER 31st. *Swelling of Upper Arm*.—A man aged 52 had been subject for five months to a swelling immediately above the left elbow. The skin over the affected part had recently become ulcerated, and very dusky round the ulcers. On firm pressure, a hard resistant growth could be detected; it seemed fixed to the inner aspect of the lower part of the left humerus. The elbow-joint did not appear to be involved. There was slight fulness in the axilla. The patient had contracted syphilis many years ago, and was troubled with sharp rheumatic pains in the left arm a week before the appearance of the tumour.—Mr. SAVORY observed that there was no question that a formidable mass had to be dealt with, but its nature was uncertain. The history of the case and the ill-defined character of the growth, together with the low inflammation of the integuments, indicated that the swelling might be syphilitic. It was more probable, however, that a sarcoma existed. A bystander had suggested that the tumour might be an enchondroma undergoing mucoid degeneration. Mr. Savory intended to try antisyphilitic measures for a week or two; if, at the end of that period, there were no improvement, he would amputate the arm.—Mr.

HOLDEN believed that the swelling was a sarcoma, and that the sooner the arm was removed the better it would be for the patient.—Mr. CALLENDER was inclined to consider the swelling to be due to syphilis; the remainder of the staff were of the same opinion.—Mr. SAVORY determined on trying antisyphilitic remedies, but he was not sanguine as to results, and believed, with Mr. Holden, that he would at last be obliged to amputate.

RESULT (December 18th).—The patient has remained in hospital, and full doses of iodide of potassium have been administered. The swelling has become very much smaller under this mode of treatment.

Recurrent Cystic Disease of the Breast (October 31st).—A woman aged 43 had been under Mr. Savory's care in August 1877, when he removed a cystic tumour from the left breast. In January 1878, Mr. Langton removed a similar growth from the same breast. A firm swelling could now be detected under the left nipple, which was not retracted; one axillary gland and a small absorbent above the breast were enlarged.—Mr. SAVORY remarked that this third local recurrence of a cystic sarcoma, without more general signs of disease, was interesting. He proposed to make a clean sweep of the whole breast.—Mr. HOLDEN and Mr. CALLENDER both stated that, had they not heard this distinct history of cystic sarcoma, they most assuredly would have considered the tumour to be scirrhus.—All the staff were in favour of removal of the growth.—The operation was performed a few days after the consultation, and the tumour was found to be a cystic sarcoma.

REVIEWS AND NOTICES.

A HANDBOOK ON THE DIAGNOSIS OF SKIN-DISEASES. By ROBERT LIVEING, M.D. Pp. 260. London: Longmans. 1878.

DR. LIVEING has again placed us under an obligation to him by the publication of a compact and well-written companion to his well-known *Notes on the Treatment of Skin-Diseases*. This modest small octavo volume, careful, accurate, and knowledge-full, furnishes abundant evidence of the value of special appointments and special studies in general hospitals. The reader will note with pleasure the really good English and clear style of the author, and soon will realise also that he has definite practical information to give; that the book has a real reason for existence. We have, indeed, little to say in discussion, and less in contradiction, with Dr. Liveing; but interest will be found in a brief notice of some special points.

The introductory chapter deals with the method of examination. Hebra's dictum, of finding all diagnosis written in the skin and needing no history, "must not be pressed too closely". In describing "elementary lesions", stress is laid on the importance of assigning a definite meaning to the terms expressing them. "These terms are the A B C of dermatology; and, if A mean A and B at the same time, we have endless difficulties." For instance, the term "papule" has been applied to an inflamed papilla, and to a distended sebaceous follicle, as well as to an effusion of serum or plastic lymph; and the term "scale" to the hardened sebum and debris of ichthyosis, as well as to the true epidermic growth of psoriasis; the resulting confusion being largely due to the influence of Willan's system, which was based solely on "elementary lesions", and those lesions were not distinguished. Again, papules may be simply a second stage in the inflammatory process, to be succeeded by other stages; or they may be the end, the acme of the process. Thus the former kind occur early and transiently in eczema or varicella; the latter, occurring in measles or lichen, remain till absorption. Vesicles, again, are not in themselves diagnostic of any one class of cutaneous inflammations; more common in eczema, they may be seen in erythema. Of pustules, again, we must recognise three kinds: the acne pustule, which is truly a "boil"; the catarrhal pustule, which may occur in eczema, scabies, herpes, etc.; and the pock or small-pox pustule. Both the latter forms may occur in syphilis, and both may show umbilication and pitting. These and similar important points are fully and clearly put, proving that the value of such lesions alone for diagnosis and subdivision has been much overestimated. Consequently, Willan's system of classification is not the best; and yet we are glad to find that Dr. Liveing does not offer one more "new and original" method, but is very much in accord with Dr. Tilbury Fox. We say we are glad, because to find two high authorities nearly agreed argues in favour of the method's goodness. He makes eight classes, the first being of inflammations (with a subclass for the exanthemata, Dr. Fox's separate Class I). The inflammations are subdivided into erythematous, herpetic, etc.; and acne is put into this class, instead of amongst the skin-gland disorders, with which, after all, we should think it more fitting. Xanthoma, again, comes amongst "new formations", rather than gland-diseases; and in this we agree.