pated; and subsequently, in fulfilment of a prediction, the same metal had a directly contrary effect. I think this gradually acquired knowledge of what to expect, soon vitiates attempts to conceal the object of the applications. Take, for example, the case recently published by Dr. Cockle. Four metals had been applied without any result; and then, three days later, when gold was applied, sensation was restored. No doubt the believers in metallo-therapeutics would say that this was because gold was the metal to which the patient was sensitive. But can it be proved that the patient had not learned the object for which the metals were being applied? And how will metallo-therapists explain the opposite effects of the same metal at different times in my case? In the case of the thermometer, the patient had no reason, except the metallic appearance and the experience gained by previous applications, to think that any effect or sensation was looked for. It is observable, also, that no transference of the phenomena was obtained, except when either it was foretold or when applications were directly made to the sound side. The curious localisation of the results in some of the experiments to the part of the skin covered by the substance employed, and a short distance beyond only, is noteworthy, and suggests the necessity of always testing over the part covered by the applications. In Westphal's case, after the application of a sinapism, there was a similar localisation of transferred anaesthesia to the opposite limb. Westphal's case, Dr. Hughes Bennett's, and my own, all strongly point to a mental impression, however induced, being the real factor, at all events, in these cases, in the production of the phenomena; and although at present some cases are not so plainly ascribable to this, I am strongly inclined to believe that further carefully conducted experiments will show that it is in this direction that we must seek for their explanation.

TREATMENT OF ECZEMA OF THE PALM, MIS-CALLED PSORIASIS PALMARIS.

By ROBERT LIVEING, M.D., F.R.C.P.,
Lecturer on Diseases of the Skin to the Middlesex Hospital.

DR. SPENDER of Bath has lately called attention to the common misapplication of the term *psoriasis palmaris* to certain forms of eczema of the palm; and he does me the honour to quote a remark of mine on the subject. I think there can be little doubt that simple psoriasis so rarely attacks the palm or sole, that practically we may say those parts are exempt from it. Even in the severest cases of general psoriasis, these regions escape; and, as Dr. Spender truly says, all the so-called cases of psoriasis palmaris are either modified forms of eczema rimosum or dermatosyphilis. It is true that we occasionally, though rarely, meet with mixed eruptions of eczema and psoriasis in gouty subjects, both eruptions being often associated with a gouty diathesis; and I have no doubt that those who hold that psoriasis of the palm exists, could find examples of this kind that might seem to justify the use of the term psoriasis palmaris; but even in these rare cases, the changes that occur in the palm are exactly the same as those that we commonly meet with in the hands of patients who suffer from ordinary eczema in other parts of the body; it is therefore, in my opinion, a misapplication of terms to call them psoriasis. With regard to the syphilitic eruption of the palm, which resembles psoriasis, I would say that I have always been an advocate for keeping the names we apply to syphilitic eruptions distinct from those applied to other diseases. Thus, for example, *in theory*, I object to the terms syphilitic lupus, syphilitic psoriasis. The disease is either lupus, or it is syphilis; the two are distinct; so that by syphilitic lupus we either mean a syphilitic eruption resembling lupus, or perhaps that we are not quite sure whether it is lupus or syphilis. On the other hand, there is undoubtedly a convenience in the old form of nomenclature, which to many outweighs all the theoretical objections to it—namely, that it is a short expressive way of describing to others the appearance of an eruption. If I say that such a person has syphilitic psoriasis, it conveys a more distinct idea of the appearance of the eruption than if I used the term squamous syphilide. Anyhow, I feel quite sure that the old nomenclature will never be superseded; and, under these circumstances, like Dr. Spender, I would limit the use of the term psoriasis palmaris to the well known syphilitic eruption of the palm, although I should prefer to see the term entirely dropped out of our nomenclature.

With regard to the treatment of chronic eczema rimosum of the palm, it is confessedly difficult. This arises from several different causes. 1. The position and mobility of the part affected is unfavourable to treatment; the hand is never at rest; the consequence is that, as fast as the skin heals, it is rebroken by flexion and extension. This of course applies especially to the class of domestic servants and others who

have to live by the use of their hands; for although they may be cured for a time, the cracked condition is very apt to return as soon as they resume their usual occupation. 2. The hands are the parts of the body most frequently washed, or perhaps kept constantly wet by particular occupations; this makes the cuticle brittle, and is very unfavourable to the cure of eczema rimosum. Barmen, for example, are particularly liable to this affection, favoured, perhaps, by their mode of life, but excited by having their hands constantly wet with beer. The only way of dealing with them, after the eruption has been cured by rest and appropriate treatment, is to make them wear India-rubber gloves, which can now be obtained of any degree of thickness. I have permanently cured many obstinate cases in this way. 3. The most important element of difficulty is, however, the nature of the cuticle of the palm, which is very thick, and does not exfoliate readily; the consequence is that the eczema takes an unusual and abortive form; the products of the inflammation do not escape, and the outer cuticle becomes thickened, brittle, dry, and cracked. Instead of a free exit of fluid and rapid exfoliation, we have an almost horny condition to deal with; the principle of all successful treatment is to get rid of this (I am speaking only of the chronic form), and to promote a rapid removal of the hard, thickened, and imperfectly formed epidermis.

Acute or subacute eczema of the hand is best treated by the constant application of water-dressing, lead lotions, or linimentum calcis, according to circumstances; the gist of the treatment being never to allow the dressing to get dry. Pretty free purging is generally indicated.

The ordinary chronic forms are well treated in the way Dr. Spender has pointed out, by the application of the lead-ointment to which he refers. The compound lead-ointment of the old *London Pharmacopœia*, made rather soft by the addition of oil, is also a good remedy; so, also, is Hebra's unguentum lithargyri; but in all cases the hand must be rested, covered, washed little, and the ointment constantly applied. It is well to bear in mind that the constant use of lead-ointment stains the nails; this is not, however, of much importance.

I now come to those cases that are most obstinate: I mean where the cuticle is extremely hard, brittle, thick, and cracked across the natural flexures of the skin. In these extreme cases, ointments produce no effect, and other means must be adopted to get rid of the outer cuticle, which entirely prevents any chance of cure. This is best done by the constant application night and day of a lotion of liquor potassæ (from two to four drachms of liquor potassæ to eight ounces of water is usually strong enough). The hand must be enveloped in rags kept constantly wet with the lotion, and covered with thin gutta-percha, or something of the kind. This treatment must be continued until the cuticle is thoroughly white and macerated, when it will peel and rub off readily. The process may require to be repeated until the epidermis is reduced to its natural thickness, and is thoroughly soft; the skin may then be treated with ointments and glycerine in the usual way.

Lastly, chronic eczema rimosum of the hand is one of the few forms of eczema in adults that is often benefited by the internal use of arsenic.

A CASE OF SUPPOSED CARDIAC THROMBOSIS : USE OF LIQUOR AMMONIÆ AND DIGITALIS : RECOVERY.

By T. CHURTON, M.D.,

Physician to the Leeds Dispensary and Leeds Fever Hospital.

A MARRIED woman, aged 21, seen on February 21st, 1879, always healthy until this illness, of good constitution and family, was under the care of Mr. Todd, one of the resident medical officers of the dispensary. She had been confined of her second child four months previously. Soon after her confinement, the right breast inflamed; it suppurated, and was opened freely; but did not get well. It was now red and hard and swollen; pus also was escaping, though not freely, from the wound in it. Lately, albumen had been found in the urine, and she had begun to seem very ill altogether. I found her still fairly nourished, but with a pallid face, an eager, anxious, scared expression in her eyes; sitting upright in bed, unable to breathe in any other posture, and believing that the attempt to lie down would kill her. There was dropsy of the dependent parts (loins, lower abdomen, and thighs). There was scarcely any radial pulse. Upon inquiry, it was found that her legs had swollen much more during this second pregnancy than in her first; that, moreover, she had felt ailing the greater part of the time, and had had constant headache and vomiting—without, however, having asked for any advice or treatment. She was now purged several times a day; but passed a fair quantity of highly albuminous urine of specific gravity 1018. Though the breathing was rapid, there was no cough; there was free respiration

over all the lungs, except at the base posteriorly, where moist *râles* were easily audible. On examining the heart, it was found to be beating rather rapidly and forcibly, but with a short snapping impulse, while, as already stated, the pulse at the wrist was so small as to be scarcely perceptible at all; there were no murmurs, but a very distinct reduplication of the second sound—the heart-sounds exactly resembling those caused by a galloping horse. It was therefore supposed that, in consequence of the abnormal state of the patient's blood, coupled with debility and a languid circulation, a thrombus was forming in one (or more) of the cardiac chambers, stretching through the aortic or pulmonary valve, thus causing the blood to leave the ventricles at an uneven speed, and so delaying the closure of one set of valves. In consequence of the (naturally) large size of the left and uninjured breast, together with the very nervous and prostrate state of the patient, it was not possible to define the diagnosis more accurately. Acting, however, upon the fact, ascertained by Dr. B. W. Richardson, that (although it is not the physiological solvent of fibrin, yet) ammonia in the blood does prevent the formation of fibrinous clots, fifteen minims of liquor ammoniæ, *B.P.*, with five minims of tincture of digitalis, was given in an ounce of water, every three hours. She began to improve at once, and, continuing to take the medicine steadily until the fourth day, she could then lie down quite comfortably; the *râles* had disappeared from the bases of the lungs; her pulse was fairly full and regular; but the second heart-sound was still as distinctly doubled as before. There was less albumen in the urine; the diarrhoea persisted to the extent of six or seven loose offensive motions daily. During the pregnancy, she had suffered great constipation, occasionally going a week, and once even a whole fortnight (!), without any evacuation. However, nothing abnormal was now to be found in the abdomen beyond the dropsy already mentioned.

She continued to take ammonia and digitalis every three hours for fourteen days, when, as there had been no return of urgent symptoms and she seemed anæmic, fifteen minims of tincture of perchloride of iron and two drachms of liquor ammoniæ acetatis, in water, were ordered to be taken three times daily. There was still some, though much less, albumen; and the breast had not much improved. She was up and walking about. The heart-sounds, something to my disappointment, remained as before. But, upon reflection, it seemed unreasonable to expect a clot, such as is seen *post mortem* in many a heart, strongly interlaced in the muscular bundles of the auricular or the ventricular walls, to be either absorbed or to be washed away, particle by particle, even by the swiftly but smoothly rushing blood-stream, in so short a time as a fortnight. I accordingly waited a month longer (until April 7th), and upon visiting the patient then, found that the reduplication was entirely gone and the heart-sounds were perfectly normal. A repeated examination, some days afterwards, showed the same result. The inflamed breast had in the meantime been thoroughly explored and opened up, under ether, by my colleague Mr. McGill, and was healing fast. She was gaining flesh and strength very rapidly, and all trace of albuminuria had been lost, when she went into the country towards the end of April. She is now quite well.

THERAPEUTIC MEMORANDA.

IRIDIN AND EUONYMIN.

WITH reference to the letter of Mr. Barnes, in the JOURNAL of June 21st, I may as well observe that I have nowhere "classed iridin and euonymin amongst non-purgative cholagogues". At page 177 of this JOURNAL for 28th February last, I state that my experiments on dogs prove that euonymin and iridin, in their case, powerfully stimulate the liver, and that they also stimulate the intestines, but not so powerfully as podophyllin. At page 178, in referring to their action on man, I spoke of them as "feeble intestinal stimulants"; and, therefore, recommended that their administration at night should be followed in the morning by some saline aperient. It is important to know that, in Mr. Barnes's thirty cases, one grain of euonymin or four grains of iridin never—save in a case where iron had been given—failed to produce purgation; because I have several times myself taken one grain of euonymin without any purgative action, and I have found a like negative result after two grains, on one occasion, when I took it without Pillna water next morning. A medical friend informs me that he has taken four grains of euonymin at night without inducing a purgative effect. While allowing for individual peculiarities, I cannot but suspect that the substance found in the market is not always of the same strength. My own further experience, and that of some physicians who have tried both of these drugs on themselves, convince me that four grains of iridin are a more powerful remedy for biliousness than two grains of euonymin, taken at

night, and followed in the morning by the same dose of the same saline aperient. In delicate constitutions, however, euonymin is preferable. I find in my own case that four grains of iridin, taken two nights in succession, produced some depression, but have not found the same after two grains of euonymin, repeated on two successive days.

I wish Mr. Barnes and other physicians would test the effects of juglandin and hydrastin (see this JOURNAL for 11th January last), because there seems every reason for believing that these are valuable drugs.

W. RUTHERFORD, M.D., Edinburgh.

CLINICAL MEMORANDA.

PSORIASIS PALMARIS.

MY attention has been directed to an interesting paper, by Dr. John Kent Spender, on eczema of the hand, in which he expresses the wish that physicians would make "it plain beyond all cavil that there is no such thing as psoriasis palmaris, except as a syphilide". While agreeing with much that is contained in his article, I must take exception to the statement which I have quoted. In my younger days, I used to be taught that an eruption, limited to the palms or soles, is of necessity syphilitic. But subsequent experience has long ago taught me that eruptions, limited to these parts, may be one of three affections: viz., eczema (especially that form of it which I have described under the name of eczema rimosum), syphilis, or psoriasis; the first being, in my experience, more frequent than the syphilitic affection. That psoriasis is sometimes met with in the palms and soles I have not the slightest doubt; and that it is psoriasis is proved by the occasional discovery of one or two patches on the elbows or knees, and by its removal by treatment applicable to cases of that disease. But I quite agree with Dr. Spender that the appearance of eczema of the palms often bears a very close resemblance to psoriasis, owing to the thickness of the cuticle, and that soothing remedies are often beneficial; although I cannot agree with him when he says that any application of an irritating nature is certain to exasperate the disease, as I have sometimes cured such cases by painting the affected parts with Smith's blistering fluid.

T. McCALL ANDERSON, M.D., Glasgow.

DR. SPENDER expresses an earnest wish "that our masters and teachers of dermatology would make it plain beyond all cavil that there is no such thing as psoriasis palmaris, except as a syphilide".

Can such a dictum be asserted? and, if asserted, even with the great weight of authority and by the *prestige* of a great name, can it be accepted as an axiom by the profession? The following case leads us rather to doubt if it could.

Mrs. P., aged 50, consulted me, on the 1st of last February, for an annoying and rather severe psoriasis palmaris of both hands and feet. The scabs and psoriasis were dry, and on the fingers and palms of the hands the rash appeared very much like dry scurf, and to a slight extent could be peeled and even rubbed off. On the feet, the disease was more extensive, more scaly, and in flakes; her hands were very rough and dry, looking wrinkled, more like the hands of an old lady. She told me that, until lately, she had always had a particularly soft and white hand. There was no skin-disease on any other part of the body. Mrs. P. was a widow, and had several grown-up healthy children. This lady was, as Cæsar would have his wife, beyond all suspicion; she had never suffered from sore-throat, nor could I, by pushing my questions as far as delicacy permitted, find any cause for thinking she had been infected by her husband; and yet, what was this eruption? I have no doubt it was psoriasis, but was it a syphilide? It could not have been eczema; for it was perfectly dry, and the dermal structures, although harsh, I could not term thick; and the treatment I adopted, and which was successful, would not have been suitable for eczema.

I cured this lady in about six weeks by applying locally an ointment of liquor acidi carbolici and vaseline, and gave internally biniodide of potassium and liquor potassæ arsenicitis. This treatment was similar to what was so hurtful to the patient whose case Dr. Spender mentions. From the first, Mrs. P. told me the ointment I prescribed did her good, and the treatment I have mentioned was persevered with until cured, with this exception, that, after the second week, the improvement being slower, I added ten minims of vinum colchici to each dose of the mixture during the six weeks. I also gave her an alterative pill occasionally, when an aperient was necessary.

I would like to ask Dr. Spender, and some of the readers of the JOURNAL interested in dermatology, whether the psoriasis palmaris that this lady was suffering from might not have been due to gout in a latent form, and not a syphilide. She had occasionally suffered from rheumatism, and her father much from gout. I was led to inquire for gout be-