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.

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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.,

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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