might be taken as a fair representation of exfoliative dermatitis. In this connection, too, it is interesting to note that Devergie's two cases (7 and 8 in my summary) are called by him "pityriasis rubra, *se transformant en pemphigus*". Again, in his description of the case of pityriasis rubra (No. 5), Mr. Hutchinson says, after giving a summary of the main clinical features of the disease: "pemphigus foliaceus probably nearly fits with these points, the chief difference between it and pityriasis rubra being in the form of the eruption".

A comparison of all the above cases, which I have brought together for purposes of mutual illustration, lends considerable likelihood to the view that the general exfoliative dermatitis which occurs as a primary disease is substantially identical with that which occasionally breaks out in the course of certain more familiar cutaneous affections; and that many, if not most, of the cases recorded under the names of *eczema squamosum universale*, *eczema foliaceum*, *psoriasis diffusa seu universalis*, *lichen ruber universalis*, *pemphigus foliaceus*, etc., are examples of one and the same morbid state. The relation of Hebra's pityriasis rubra to exfoliative dermatitis has already been discussed; and the cases in Groups A and B are sufficient to corroborate my statement as to the inadequacy of any criteria hitherto suggested for their discrimination. The insuperable difficulties in the way of distinguishing the various forms of exfoliative dermatitis from one another are well illustrated in the valuable monograph of Percheron. (*Etude sur la Dermatite Exfoliative*: Paris, 1875.) After giving a most elaborate account of his own case (No. 10 in my tables), he is at infinite pains to mark out the characters which differentiate it from generalised psoriasis, from pemphigus foliaceus, from pityriasis rubra, and so on. This he succeeds in doing, but as regards his own case only; in other words, the differences between exfoliative dermatitis and those secondary affections from which he seeks to distinguish it are not more definite or more important than those which may be traced between one case of primary exfoliative dermatitis and another. The diagnosis is really retrospective; based on the history of the antecedent eruption and on that alone, in the vast majority of cases.

The immense services rendered to dermatology by the analytical method of the Vienna school have led to undue neglect of the attempts at synthesis which have been made from time to time in France. These attempts were, no doubt, often premature; and some of them have justly been forgotten. But the practical importance of acknowledging the intimate relationship subsisting between constitutional eczema (including pityriasis), psoriasis, lichen ruber—and, I would venture to add, pemphigus (the "relapsing pemphigus" of Mr. Hutchinson)—can hardly be exaggerated. It may be pathologically inaccurate—it is certainly unnecessary—to regard them as the outward manifestations of a latent "dartrous" or "herpetic" diathesis, if we mean anything more by such language than to symbolise the existence of certain common characters. The grouping is essentially clinical, not pathological. Looked at in this light, it is not merely allowable—it is indispensable—unless we choose to shut our eyes to obvious facts. After all, it must not be forgotten that of the intimate pathology of all these affections we are wholly ignorant—as ignorant as we are of their causation. We really know no more about them than we can gather from watching the local changes in the skin from their first beginnings through their maturity and decline, and studying the effect of remedies upon them. From such observation, we learn that all the members of the group are non-communicable; that they show a tendency to be symmetrical, to spread, and to relapse; that they are often hereditary; that they are connected by a number of transitional or intermediate forms; that they do not leave scars; that they are beneficially affected by tar and arsenic. Let us suppose for one moment that we knew nothing of syphilis anterior to the development of secondary eruptions. Would their polymorphism counterbalance in our minds the cumulative evidence derived from their relation to mercury, the existence of transitional forms between them, etc.? Should we not feel justified in inferring their connection with a common cause; or, at any rate, in grouping them together under a single head? Botanists were successful, after all, in forming natural orders of plants before the Darwinian theory came to substantiate and elucidate their classification.

If the natural affinity between the constituent members of the dartrous group be admitted, it ceases to be wonderful that they should occasionally issue in one and the same process. Indeed, the possibility of their doing this is a further token of their intimate connection with one another. Looked at from this point of view, general exfoliative dermatitis is no longer a mere curiosity; it assumes an intelligible position, both giving and receiving light. Even if the generalisation I have attempted to advocate (and considerations of space debar me from producing all the evidence which tells in its favour) rests on too narrow a foundation, I am quite sure that its adoption as a provisional hypothesis will conduce to a more fruitful study of the clinical history of

exfoliative dermatitis, and to a better understanding of its nosological position.

It may be convenient, in conclusion, to throw the more important points which this paper is designed to illustrate into a series of propositions.

1. General exfoliative dermatitis is characterised by the two features embodied in its name: universal or very extensive distribution; profuse and continuous shedding of all epidermic structures. The subordinate characters, on which it has been attempted to found distinct categories of exfoliative dermatitis, are none of them constant. Thus, the state of the cutis may vary from simple hyperæmia to brawny infiltration; the nails may escape or be completely destroyed; the surface may be quite dry, or there may be some cracking and oozing in the flexures, or the papillary body may exude a little fluid under the epidermic squames, etc.

2. General exfoliative dermatitis may occur, as a substantive disease, in a previously healthy subject. It may occur, and commonly does occur, in persons suffering from, or liable to, certain constitutional forms of skin-disease. When any one of these maladies becomes generalised, invading the whole, or nearly the whole, integument, it tends to merge its special features in those common to all varieties of exfoliative dermatitis, whether of primary or secondary origin.

3. The rare disease known as pemphigus foliaceus cannot always be distinguished from general exfoliative dermatitis supervening on other skin-affections. That relapsing pemphigus tends, however seldom, to pass into this form, is an additional argument in favour of its being related to the "dartrous" group; pemphigus foliaceus being to ordinary pemphigus what exfoliative dermatitis is to ordinary eczema or psoriasis.

4. There is reason to believe that the pityriasis rubra of Hebra is only a chronic form of exfoliative dermatitis, with the most acute varieties of which it is connected by a series of transitional phases.

5. When allowed to run its course without interference, general exfoliative dermatitis often tends towards a fatal issue. This may be speedy or the reverse. In the former case, it is preceded by rapid emaciation and loss of strength, with diarrhoea, albuminuria, fever of a remittent type, and pulmonary œdema; in the latter, death may be caused by some intercurrent malady (e.g., pneumonia).

6. The prognosis in cases of general exfoliative dermatitis is always grave (especially in children). Its gravity appears to be proportionate to the extent of surface involved; to the depth to which the skin is affected (amount of infiltration); to its rate of progress; to the resistance offered to specific remedies. It should be borne in mind that, even in the most chronic forms of the disease (pityriasis rubra of Hebra), exacerbations may occur, during which the patient's life is placed in jeopardy.

7. As regards treatment, it is certain that oily applications are to be preferred to baths and lotions. Internally, the administration of quinine in the more acute, of arsenic in the more chronic, phase of the affection has often proved beneficial. In certain cases, however, the disease offers a most obstinate and successful resistance to the latter remedy. [This may sometimes be explained by the impossibility, owing to accessory conditions, of bringing the system fully under its influence. But this explanation does not cover all the cases in question.] The failure of strength often necessitates the use of stimulants; the loss of flesh, the administration of cod-liver oil. It is very important to guard against the accumulation of even small quantities of secretion under the epidermic squames, where they undergo decomposition and may acquire infective properties. Neglect of this precaution is probably one cause of the occasional outbreak of multiple boils, and even abscesses.

METRRORRHAGIA AND ITS TREATMENT BY PLUGGING THE CERVICAL CANAL.

By HENRY BENNET, M.D., The Ferns, Weybridge.

IN the JOURNAL for July 19th, the Paris correspondent, in reporting a discussion on the treatment of menorrhagia, which took place at the Clinical Society of Paris, presents as a novelty the proposal of M. Panas to meet severe metrorrhagia by plugging the cervical canal itself, instead of the vagina. As I have been in the habit of resorting to this treatment for above a quarter of a century, and believe that I was the first to suggest and describe it in the fourth edition of my work on *Uterine Inflammation*, published in 1861, I send a brief extract (page 422), not so much from a desire to claim the priority of what really is a most valuable addition to therapeutics, but because I wish to draw the attention of the profession to its thoroughly practical character.

"In those cases in which, as we have seen, the hæmorrhage persists after the entire removal of local disease, owing to enlargement of the uterus, to the presence of a small unrecognised polypus or uterine tumour

in the cavity of the uterus and its neck, or to the mere hæmorrhagic habit, I have for many years resorted, with encouraging success, to plugging *the os uteri itself*, instead of the vagina. It occurred to me that the usual plan of filling up and distending the vagina by pieces of sponge or a handkerchief was a clumsy, painful, and inefficient mode of opposing mechanical resistance to the exit of blood from the undeveloped uterus, when its orifice could so easily be brought into sight. Acting on this idea, I have in many instances brought the cervix uteri into view, and passed inside the os two or three small pieces of cotton, tied to a piece of thread, which I wedge in firmly, covering the whole cervix with two or three larger pieces left in close contact with it on the withdrawal of the instrument. In nearly all the cases in which I have resorted to this plan, I have easily arrested the hæmorrhage. Indeed, this modification of the usual plan appears to me so simple and so consonant with common sense, that I cannot but think that it will be often adopted in severe cases. In the ordinary operation of plugging the vagina, that canal has to be distended by a large mass of sponge or linen, soaked with clotted blood, which often interferes with the functions of the bladder and rectum, is invariably a source of great discomfort to the patient, and is not always efficient. By the plan I describe, the end proposed is much more effectually compassed, with scarcely any annoyance to the patient beyond that which the use of the speculum occasions.

"Owing to the natural contractility of the cervical canal, and the pressure of fluids behind, if the cotton be not well pushed in it is soon forced out. The plug may be left without renewal twenty-four or even thirty-six hours; but, in the latter case, it is generally expelled spontaneously. A small piece of sponge may be used, and is more likely to remain *in situ* owing to its expansion; but as it must necessarily be very small, it is more likely to be permeated by blood. If sponge be used, great care should be taken to extract the piece passed into the os, to which a small piece of thread should always be tied, as the os uteri might not be able to expel it alone, owing to its mode of expansion.

"Plugging the os uteri in the way described is by far the most effectual way of arresting the hæmorrhage which precedes and accompanies abortions, when, as sometimes occurs, it resists the usual treatment, and becomes alarming. The following case will illustrate this mode of treatment and its marvellous efficacy. A healthy lady, thirty-two years of age, came up from the country to consult me. She had been married twelve years, had had five living children, and subsequently four miscarriages. Each miscarriage had been attended with gradually increasing hæmorrhage. On the last occasion, she nearly lost her life, and was greatly alarmed at the idea of again becoming pregnant. She presented uterine symptoms which led me to discover the existence of extensive ulcerative disease of the cervix uteri; no doubt connected with one of her pregnancies, and the cause of the miscarriages. I cured the disease, and sent her home. A few months afterwards, she became pregnant; and, in her alarm, again came up to town to be near me, although I rather dissuaded her from the step, which I did not consider necessary. At about the termination of the third month of pregnancy, I was sent for one night with the intimation that flooding had set in. I went immediately; and, on my arrival, found the patient pale, all but pulseless, and lying in a large pool of blood. The hæmorrhage had commenced at half-past twelve; it was only two, and yet her state was alarming; the hæmorrhage was continuing profusely, and the loss had already been very considerable. I at once placed the patient on her back, to facilitate manipulation (with half a dozen candles on a table at the bottom of the bed), introduced a large conical speculum into the vagina, and, with the speculum-forceps and large pieces of sponge, rapidly cleared the speculum, which was full of clots and fluid blood up to the brim. This accomplished, I got the os uteri into view; found it rather open; from its orifice, a stream of blood was flowing as rapidly as from an open vein. I at once pushed in several pieces of cotton tied to threads, holding one down by the sound, whilst the next was being introduced, to prevent it from being washed away, and then packed firmly the upper third of the speculum with cotton around and over the cervix. Lastly, I slowly removed the speculum, forcibly supporting the cotton packing inside with the forceps to prevent its being displaced. I had the mass of blood in which she was lying removed. In the course of about twenty minutes, the colour began to return to the face, and the pulse began to be more perceptible, and, in a few hours, she was nearly herself again, although very weak. There was not subsequently the slightest hæmorrhage; it was permanently checked. Twenty-four hours after, I removed the plugging, and did not reapply it. No fresh loss of blood was experienced; and the next day, after a few uterine pains, a diseased ovum was expelled. This lady afterwards rallied in a few days. After the last previous abortion, she was ill for months."

The above extract from my work (1861) gives so full and complete an account of this mode of treatment, and of the manner in which I usually carry it out, that there is very little to add. I would remark,

however, that I use dry cotton only, and no styptic or caustic solution whatever. The perchloride of iron is totally uncalled for, unnecessary; for the plugging is in the cervical canal, and the hæmorrhage all but always proceeds from the uterine cavity. The treatment is as simple as corking a bottle. If the cork be well pushed in, no water (blood) can come out; the hæmorrhage is arrested in a few minutes, and the patient rallies all but immediately. I have had many similar cases since this was written, and no longer fear hæmorrhage in the undeveloped or slightly developed uterus. The process also appears to be entirely devoid of risk or danger. I have never had a bad symptom. The same cannot be said of uterine injections. The wife of one of my colleagues at Mentone died of tetanus after the injection of perchloride of iron into the uterus, to arrest hæmorrhage in early pregnancy. She would probably have lived, had plugging of the cervical canal been resorted to as above.

THE WEATHER AND HEALTH AT CANNES DURING THE SEASON 1878-79.

By WILLIAM MARCET, M.D., F.R.S.

THIS last winter on the Riviera turned out a disappointment so far as its weather was concerned, especially to those who had formed an opinion of the Mediterranean coast from the exceptionally fine character of the previous season. The number of days fine and wet registered from March 1878 to April 1879, compared with my records (two seasons at Nice and four at Cannes) for the previous six winters, is as follows.

Days Fine.		Days Rainy.		Rainfall.	
	1872-78.	1878-79.	1872-78.	1878-79.	Corresponding Six Months.
November ..	19.0	15	8.8	14	For .. Inches.
December ..	18.5	12	9.0	13	1876-77 .. 20.47
January ..	21.7	17	5.8	12	1877-78 .. 11.43
February ..	21.2	12	4.2	12	1878-79 .. 32.92
March ..	21.0	22	7.7	9	
April ..	18.2	12	10.7	16	

Although the rainfall has been this last season equal to that of the two preceding winters put together, with a comparatively small number of fine days, I believe I am correct in stating that the health of Cannes has in no way suffered from the inclemency of the weather. Indeed, patients have, as a rule, done well; there has been no epidemic; and the sanitary condition of the place has been particularly good.

As to the atmospheric humidity, a circumstance having a direct bearing on the health of the visitors at Cannes, if we adopt the readings of the dry and wet bulb thermometers at 9 P.M. as yielding the mean degree of moisture for the twenty-four hours (which I find, from observations made at 9 A.M., 2 P.M., and midnight, to be fairly correct), the mean relative humidity of the winter 1878-79, compared with that of the last four years at Cannes, will be as follows (saturation = 100).

	1874-78.	1878-79.	Rainfall.
			1878-79.
November ..	71.4	70.8	7.154
December ..	74.3	73.8	3.721
January ..	71.1	74.7	4.204
February ..	70.3	78.0	3.118
March ..	73.5	76.8	7.555
April ..	75.2	75.1	7.166
			32.918

This shews a considerable increase of moisture, especially for January, February, and March. Still, compared with London, where the atmospheric humidity (as stated in the daily weather reports of the Meteorological Office) was nearly always very near to saturation, there is a considerable balance in favour of Cannes.

The degree of atmospheric moisture on the Mediterranean coast must be taken into account with reference to health. When the air is very dry, as happens during westerly and north-westerly winds, not only do the skin and throat often feel unpleasantly dry, but, by increasing the evaporation from the skin and lungs, a degree of cold is produced occasionally proving anything but harmless.

The following instances may give an idea of the influence of dry air on the human body. At 9 A.M. on the 9th of November last, the morning was cloudless and the air clear, after a gale of wind during the night. The dry bulb thermometer showed 52.2°, and the wet bulb 41.4°; the difference being 11.2°, which means that 11.2° of heat were being taken up from the mercury to convert the moisture covering the wet bulb into vapour. If the damp breathing surface of the