They are scattered chiefly on the face, some few being dispersed upon the fingers; they occur singly or in small numbers at a time; but the whole eruption does not exceed ten or twenty spots. She is first made aware of their presence by itching. She scratches the itching point, and then a small white pimple appears. The scratching occasions the exudation of a minute drop of a limpid colourless fluid; and after a while a reddish-brown dry spot, about a quarter of an inch in diameter, is left behind, resulting from the abrasion caused by the nails. There is no scab, and no crust. This troublesome affection has now lasted for two years. The patient is pallid and slightly chlorotic; her appetite is dainty; she has a feeling of weight at the epigastrium after meals; the bowels are torpid; she suffers from headache; and her sleep is bad. Menstruation is regular; but it is immediately before the period that the prurigo is most troublesome.

This case may be regarded as almost typical of a form of prurigo that is by no means rare. The diagnosis points to a neuropathic origin of the affection; and, therapeutically, we have reason to believe that, if we can improve digestion, assimilation, and sanguification by the usual remedies, cure is not far distant.

Phytosis Versicolor (Pityriasis Versicolor of Willan); Orbiculate, Guttae, and Pruriginous Variety; occurring in a "Tea-liquorer".—April 5th, 1871. A robust man, aged 52, is tormented with a pruriginous eruption which occupies the front of the abdomen, chiefly above the umbilicus, and also encircles the neck. It consists of flat spots of a reddish-brown colour, perfectly orbiculate in figure, measuring two lines in diameter, and without hyperæmia. The spots have a remarkable appearance, being scattered over the surface at pretty equal distances, and suggesting the idea of the stains of a pock, or of drops of coffee dried upon the skin. They have been in existence for nine months without change.

Generally, phytosis versicolor presents itself in the form of puncta, corymbose patches, and map-like blotches, of considerable extent. There is very little pruritus, and the epidermis is rough and desquamating; the latter character having, in fact, originated the term "pityriasis". But in the present case the spots were exactly round; they were smooth, without desquamation; and the pruritus was a predominant symptom. The patient describes the itching as being of the tingling and darting kind, like the stinging of nettles, and of such suddenness and intensity, particularly around the neck, that he winces involuntarily on its invasion. It is most troublesome when he is under restraint, and has been the means of keeping him from church for some time past.

The patient's calling in life is that of a traveller in the tea-trade; but he is strictly temperate. In his business capacity, he is much occupied in tea-tasting—"liquoring", as it is technically termed; and the "liquoring" of tea is an injurious process for the stomach. Tea-liquorers are very liable to dyspepsia; and he states that, after one or two hours of these trials of the flavour of tea, an empty or sinking feeling is experienced at the pit of the stomach, and a desire for food—"some bread and cheese and a glass of beer". The liquorer swallows as little of the infusion as he can help; and there can be no doubt that tea taken in such a manner and on an empty stomach must do considerable harm. I have several times prescribed for eczema having this origin.

[To be continued.]

A CASE OF ACUTE ATROPHY OF THE LIVER COMPLICATING EARLY SECONDARY SYPHILIS.

By HENRY F. A. GOODRIDGE, M.D.,

Physician to the Royal United Hospital, Bath.

GEORGE B., aged 20, a tailor out of work, of about average height and conformation, of fair complexion, and spare nutrition, also of sober habits, was admitted to hospital on October 1st. He said that he always enjoyed good health until July last, when he contracted syphilis. In due course an indurated chancre appeared. For this he was treated with bichloride of mercury, taken in ordinary doses, for a period of five weeks. On September 16th, he began to suffer from sore-throat; a few days later his appetite failed, and on the 26th he became jaundiced. The last three days he had had paroxysmal gripping pain in the umbilical region, with some vomiting after food. His bowels had been confined for a week, and his urine for fully as long had been of a very dark hue. His sleep had been undisturbed; he had had no shivering, nor pain in the right shoulder; and he had been able to walk about daily.

On admission, he presented well-marked jaundice, his skin being of a bright orange yellow colour; but along with this, and obscured by it,

there was on his trunk some roseolous rash. He had enlarged red ulcerated tonsils; the tongue was sticky, and had a thin pale coat upon the dorsum. There was slight tenderness on pressure in the right hypochondrium, but the liver did not seem to deviate much from its normal dimensions. The temperature in the axilla was 99 deg. Fahr.; pulse 112, small and weak; respirations 20. There was a large quantity of bile-pigment in the urine. He had no cedema of the feet. A draught containing half an ounce of Rochelle salt and one ounce and a half of compound decoction of aloes was ordered to be taken immediately; and the acid solution of the nitrate of mercury to be applied to the throat. The patient was ordered to have half diet.

Oct. 2nd.—He had passed an indifferent night. He had no pain. The bowels had not yet been opened. The urine was of very deep hue; it was non-coagulable, but readily showed with nitric acid the characteristic reaction; specific gravity 1.012. The draught was repeated.

Oct. 3rd.—He vomited last evening; afterwards he slept pretty well. The bowels had been moved twice; the stools were clay-coloured; temperature 98 deg.

Oct. 4th.—He slept well. There was no return of nausea or vomiting; no pain. His appetite was better, and he felt better; temperature 98 deg.; pulse 80. The liver was diminished in volume. The urine amounted to nearly three pints in the twenty-four hours. There was no obvious decrease of the jaundice. An obscure rash still mottled the skin of the trunk. He was ordered to take the following draught three times a day, and a pill every night.

R Acidi nitro-hydrochl. dil. ℥xv; succ. taraxaci 3ij; aquam ad 3j. M.

R Extr. aloes Barbad. gr. j; extr. nucis vom. gr. 4; extr. rhei gr. ij; creasoti ℥j. M. Fiat pilula.

Oct. 5th.—He said that he felt quite well, and was intent upon getting up (in spite of prohibition, he did so for half an hour or more); pulse 80. The bowels were opened to-day. He passed two pints of urine in the twenty-four hours.

Oct. 6th.—At 1 A.M. he awoke and felt faint; a little water, at his request, was given to him to drink, and he soon went to sleep again. At the visit his pulse was 88, somewhat irregular in rhythm. His urine was darker, and the jaundice generally seemed more intense.

Oct. 7th.—Again last night he awoke feeling faint; he then vomited about one pint and a half of turbid, slightly acid, fluid, free from bile-pigment, and depositing what appeared like half-digested food. At the same time, he complained of a sharp pain across the lower part of the back. At length, however, he went to sleep. He took his breakfast as usual. At the visit (1 P.M.) he was found in a state of semi-stupor, and it was ascertained that he had been wandering the preceding two or three hours. He had a manifest look of oppression, half-open eyes, and dilated pupils, but little responsive to light. He frequently turned from side to side in the bed and yawned, put out his tongue when bid, and seemed to understand something of what was said to him, but gave one and the same short answer indifferently to every question. Temperature 97.7 deg.; pulse 88. The heart and lung-sounds, generally speaking, were normal. The abdomen was flaccid, and free from tenderness on pressure. The bowels were confined. The urine amounted to upwards of two pints and a half in the twenty-four hours; it did not coagulate on boiling and the addition of nitric acid, but became very green with the latter. Two drops of croton oil in sugar were now put on his tongue, but there was extreme difficulty in getting him to swallow. Later in the day he became very violent, vociferated loudly, and had to be restrained from getting out of bed. His pulse had risen to 120 at 6 P.M.

Oct. 8th.—He gradually sank into profound coma, with stertorous breathing; pulse 172; respiration 44. His bowels were opened in the early morning (an enema having been administered), but he had not been made to swallow anything since the croton oil the previous day. He died at noon, or at little more than twenty-four hours' interval from the supervention of the cerebral symptoms.

NECROPSY fifty hours after death.—The most striking morbid appearance was the smallness of the liver, with the gall-bladder attached, which contained a drachm or two of thick yellowish mucus; the organ weighed only 304 ounces. It felt flabby, the left lobe even soft; this and the marginal portion of the right were of a pale yellow colour, but the central convexity of the latter was of a deep red, a gradual shading off marking the interval; the surface was smooth, but there was considerable opacity of the capsule near the suspensory ligament, and this was detached from the hepatic substance with difficulty. On section, blood issued freely from the cut vessels; the texture was found to present a corresponding variation of colour to that observed externally; the lobular structure was more or less distinct. A scraping from the pale yellow portion under the microscope exhibited a great abundance of oil-globules and molecular matter, but hardly a trace of hepatic cells;

just one or two solitary needles of tyrosine could be detected in the specimen examined. No obstruction whatever could be found on careful inspection of the bile-ducts. The fæces in the colon were quite clayey in appearance. The *spleen* was small. The *stomach* contained a quantity of almost black (hæmorrhagic?) fluid. The *kidneys* were of usual size, very congested. In the *lungs* were a few grey miliary tubercles with two or three soft cheesy ones at the right apex; none at the left. The *heart* presented a fringe of minute soft red vegetations on the mitral valve, and some opaque markings of the lining membrane of the left auricle. The sigmoid valves were healthy, but there were some specks of atheroma at the commencement of the aorta. In the *brain*, besides increased vascularity, there was considerable opacity of the arachnoid at the superior surface of the hemispheres, with some appearance of recent lymph in the sulci bordering the longitudinal fissure.

Besides the general interest of the foregoing case as an illustration of a rare and obscure form of disease, there are two points in it which claim attention, as bearing upon current doctrine.

1. *The Complication*.—Dr. Murchison, at page 232 of his *Lectures on Diseases of the Liver*, in reference to acute yellow atrophy, says: "Constitutional syphilis appears to be a predisposing cause in some cases. Most writers on syphilis have noted the frequent occurrence of jaundice about the commencement of what is known as the secondary stage; and in some (probably a small proportion) of these cases the jaundice is due to acute atrophy." At the same time, it is observable, syphilis has no place assigned to it by Dr. Murchison in his classification of the causes of jaundice. M. Lancereaux, on the other hand, while devoting some pages of his elaborate treatise to "secondary syphilitic icterus," or, "the icterus contemporary with syphilitic exanthema"—which affection, upon the evidence of twenty-one collected cases, he regards as a manifestation of the diathetic condition, of mild character, and favourable termination, and attributable to congestion of the liver or the compression of the biliary ducts by tumefied lymphatic glands—dismisses acute yellow atrophy with the single remark: "It appears to be without any direct ætiological connection with syphilis." (Lancereaux on *Syphilis*, New Sydenham Society's Translation, vol. i, p. 358.)

2. *The Head-symptoms*.—The first quoted writer (*op. cit.*, p. 228) teaches . . . "These symptoms are independent of any lesion of the brain or of its membranes." So also Frerichs and others.

INFLUENCE OF MENTAL SHOCK IN INSANITY.

By ALEXANDER ROBERTSON, M.D.,

Medical Superintendent of the Town's Hospital and City Parochial Asylum, Glasgow.

MRS. H., aged 27, was confined of her first child on the 7th of last November. Ten days afterwards symptoms of mental disorder appeared. She became restless, was occasionally excited, and imagined that she heard people whispering and suggesting divers things to her. After about a fortnight's treatment at home she was sent into this asylum under my care.

On admission, besides the mental aberration, her general health was reduced, but not so much as is usual in this form of puerperal insanity; and she took her food well. The ordinary treatment in such cases, namely, sedatives of various kinds, warm bathing, generous diets, and, as the disease became chronic, counter-irritation to the scalp, was carefully carried out, but all without avail. Her general condition was fully restored; but the delusions became more prominent, and were systematised. She imagined that she was a man: nothing would irritate her more than to address her as Mrs. H. She answered to the name of Peter; and declared it was a shame to keep her dressed as a woman. She even talked of marrying the nurse. Through this absurd notion she was a source of amusement to her fellow-patients. In joke they would cry "Peter", and she immediately came and asked what they wanted. The imaginary voices also continued to torment her.

Upwards of four months having elapsed and no improvement being apparent, I had begun to form an unfavourable opinion of her case. But three weeks since, at my usual visit, the matron who accompanied me said, "I think, sir, you will find a favourable change in Mrs. H. to-day. Yesterday she saw her sister-in-law down stairs" (the latter had been admitted a few days previously with insanity from intemperance, but on most points was very intelligent), "and was much affected. Mrs. H. said to her, 'Oh, Margaret! why are you here?' To this her relative replied, 'Well, I was sent here because it was said that I was out of my mind'. The attendant told me", the matron continued, "that Mrs. H.'s face just got like scarlet, and that she had never seen anything like how the veins stood in her forehead; they were like small fingers." On inquiring of the attendant, this statement was fully cor-

roborated. I was delighted to find that the change in Mrs. H.'s mental state was in no way exaggerated. On alluding to her particular delusion she blushed; and, smiling, said that she had got quit of that notion now. She admitted, however, that she still heard the whisperings, but added that they were not nearly so troublesome this morning; and she evidently realised that they were imaginary. Two days afterwards she assured me, with evident sincerity, that they, too, were all gone.

Her recovery continued. Affection for her husband and child, which had been in abeyance during her illness, was now fully restored. She was cheerful and contented, and engaged willingly along with other patients in the domestic work of the department. To-day (May 13th) she was dismissed cured.

This case is a suggestive one. It shows the powerful influence of mental shock even on the insane—sufficient to uproot at once a fixed morbid idea. May we not, then, with propriety, endeavour to apply the principle in the treatment of certain cases of monomania more than is done at present? In the dark days of lunacy practice it was carried out, though in a very objectionable form. Alienist physicians occasionally plunged their patients suddenly into the "surprise-bath", and believed that it had a beneficial influence. Possibly it had sometimes; but it is to be feared that the result was often injurious. But might we not now and again accomplish the end aimed at by this coarse procedure, in a way harmonising with the more enlightened and humane treatment of the present time? What that way should be, would require to be considered for each case. In illustration, I will narrate the result of an endeavour to carry the principle into practice, even though it was the reverse of satisfactory.

I have a patient at present under my care whom I require to feed with the stomach-pump twice daily. She has made a vow not to take food. Bearing Mrs. H.'s case in mind, I tried the following plan. At 12 o'clock, a few nights since, when all was still and quiet, along with the matron, I proceeded to the gallery in which the patient sleeps in a single bedroom. With noiseless step I advanced alone and knocked thrice at the bedroom door, pausing between the knocks. Then I said slowly, in a deep, sepulchral tone, "I command you to take food." There was a movement inside; but

"The best laid schemes of mice and men gang aft a-glee."

To my chagrin she muttered something about the devil, evidently supposing that this "voice of the night" emanated from a quarter which is not credited with imparting salutary counsel. Accordingly, she still adheres tenaciously to her vow.

This failure should not discourage similar attempts. In other cases they may be crowned with success.

ON OAKUM AS A DRESSING FOR BURNS.

By HERBERT L. SNOW, M.B. Lond., Shrewsbury.

I WISH to bring under the notice of readers of the JOURNAL the value of common picked oakum as a dressing in the suppurating sores resulting from burns. Among the good effects which I claim for it are these: First, it ordinarily induces the cicatrisation of extensive sores with remarkable rapidity; secondly, it induces healing action in such of these as, occurring in debilitated subjects, or under defective hygienic conditions, have almost assumed the character of indolent ulcers, and remain stationary under the application of the ordinary lotions; thirdly, I may allude to the almost entire absence of any offensive smell under the use of oakum, to its cheapness, and to the saving of time and trouble effected by its employment; lastly (and this I hold to be by far the most important point of all), the *resulting cicatrices do not contract*. I have not yet used oakum in a sufficient number of burn-cases to advance the last statement as absolute; but in the limited number in which I have been able to employ this dressing thoroughly (in several of these there were very severe and extensive sores), I have always found the cicatrix of a peculiar dark-reddish colour and soft consistence; none of the usual tense fibrillated appearance has been visible, and no subsequent contraction has ensued.

I now always use the common oakum, which appears to me to answer much better than the recently introduced "tenax", and probably contains more of the tarry principles. This is wetted with cold water, then placed on the surface of the sore, and a bandage loosely applied over it. No pain follows the application; but the oakum has to be wetted (without being removed) with cold water several times a day, or the patient will complain of its feeling dry and sticky: the latter may generally be left to do this *ad libitum*. The dressing need not be changed oftener than on alternate days—sometimes not until every fourth