likewise useful, especially when the eczema is chronic, the bowels costive, and rheumatic pains complained of. The sulphur contained in this preparation is given off by the skin in the form of sulphuretted hydrogen; thus, in the most natural manner, coming into contact with the diseased surface.

Mr. B., aged 62 years, of a gouty family, has been all his life a martyr to this disease. At the early age of ten, the patient states that he had his first attack in the foot; and that he has always lived well. At the present time (December 1867), the various joints of the hands and feet are distorted, with tophaceous deposits. He has usually three attacks of gout in the year, the worst being always in autumn; the affected joints become swollen and erythematous, which, in many instances, has assumed a vesicular character. I may remark that the patient derives considerable benefit from the application of hydrocyanic acid, painted on the affected part once or twice in the day, cotton wool being afterwards applied.

In cases such as the above, depending on a gouty diathesis, the wine of colchicum, Fowler's solution, and equal quantities of carbonate and sulphate of magnesia, in peppermint-water, form an useful mixture, the proportions of the various ingredients being increased or diminished according to circumstances. According to Dr. Smith, *Journal of Cutaneous Medicine*, No. 1, "Indican is met with in the urine of eczema. Indican is supposed to indicate a retardation in the process of declension from the complex to the more simple of the products of function and secretion, and is probably due to accumulation of urea and other products of waste in the blood, arising from deficient renal excretion." From the above, it is evident that the occasional use of a diuretic is of advantage.

The chronic forms of eczema are usually those met with in the aged; and, as it is generally necessary to prescribe arsenic, the preparation which is less liable to disagree with the stomach is the one to be selected. In the administration of this remedy to those advanced in years, who so frequently suffer from dyspepsia, the best preparation I know of is the liquor soda arseniatis. Arsenic acts as a tonic to the capillary system, stimulating it to remove hypertrophy, allays excessive sensibility, and is recommended by Trousseau in asthma, thus fulfilling two objects in the treatment of eczematous patients afflicted with asthma. For flatulence, loss of appetite, and depression of spirits that the aged frequently suffer from, an excellent remedy is twenty grains of quinine dissolved in an ounce and a half of the ammoniated tincture of valerian, of which the dose is a teaspoonful three times a day in a wineglassful of water; or the syrup of the phosphate of iron, quinia, and strychnia, is extremely valuable, as also cod-liver oil.

The absence of reaction in old people occasions it to be hazardous to apply "strong remedies" towards the curing of an eczema. I particularly refer to blistering fluids, solutions of potassa fusa, which, although of the highest value in the treatment of the various chronic forms of eczema occurring in younger individuals, are, when applied to the skin of the aged, productive of suppurative inflammation, arising from diminished vitality of the cuticle, especially of the lower extremities, which are farthest from the centre of the circulation. Troublesome ulcers may also ensue, which have occasionally ended in gangrene. I have had shortly since under my care a female, aged 94 years, suffering from chronic eczema of the anterior surface of both legs, which I considered to be due to a languid circulation, depending on impaired nervous "power", as her brain is in a state of softening, and her mind wanders; indeed, the patient is in what is commonly called a state of "dotage."

When the disease is of an acute nature, the skin red, glazed, and covered with an adherent crust, soothing applications are the best; a very simple and useful one is the glycerole of starch kept constantly applied. When small superficial ulcers, usually of an indolent nature, are present, "Turner's cerate", to which a little castor-oil and balsam of Peru have been added, is a gently stimulating ointment. In the chronic and declining stage of eczema, "Hebra's tincture", recommended by Dr. McCall Anderson, and which is composed of equal parts of tar, black soap, and rectified spirit, is an excellent preparation; this tincture is to be firmly rubbed into the affected part night and morning, and washed off with soft soap before being re-applied. In private practice, the oil of cade diluted with glycerine is a more suitable application, and in place of the soft soap the juniper tar soap may be used instead. In very inveterate cases, I latterly use a solution of chromic acid, usually of the strength of twenty grains to the ounce, to be applied night and morning; this dissolves the hardened cuticle very rapidly. Old people require a good nutritious diet, with a moderate allowance of wine: sherry or claret are to be preferred. When varicose veins are present, a carefully adjusted bandage ought to be constantly worn. To allay the excessive itching, the part may be occasionally bathed with butter-milk, in which a handful of water-

crosses have been boiled; this remedy has been recommended by Dr. Graves, and is very efficacious, and well suited for the poor.

In many cases, it is not always safe to suddenly cure a long standing eruption, as the following case illustrates. C. M., aged 74, of a debilitated constitution, a servant by occupation, was admitted at the Belfast Dispensary for Skin-Diseases during the winter of 1866, suffering under chronic eczema of both legs, extending from a little below the knee to the ankle; the skin was thickened and infiltrated; the duration of the disease was three years. In this case, I administered the tincture of the perchloride of iron, as recommended by Mr. Milton; and, to prevent costiveness, ordered the confection of sulphur. After this treatment had been pursued for about two months, the disease yielding to the above remedies and the external use of fumigations of the iodide of sulphur, I was sent for one evening to see this patient, who had been during the day attacked with paralysis.

Rayer has mentioned a case in which insanity followed the disappearance of the eruption; and the following case was related to me by a medical gentleman residing in Belfast, as having occurred some years ago. The Rev. Mr. C., aged about 59 years, a Wesleyan clergyman, suffered from an extensive eczema of both legs for some years, after the healing of which he became insane, and continued so for several years, eventually dying in a private asylum. No madness was in his family, and every method of treatment tried in his case was unavailing. On this point, the following authorities may be quoted. Devergie states that, at a certain period of life, eczema becomes a drain, which must not be meddled with. Dr. Tilbury Fox considers the curing of long standing eruptions fraught with danger. Mr. E. Wilson recommends a counter-discharge; and Mr. Paget states that there is sufficient reason to believe that the cessation or cure of an established eczema has been attended with serious disease of the brain or other internal organ. I agree with Mr. Milton, who states "that, if dangerous results ever followed from curing eczema, the records and case-books of those who have paid so much attention to diseases of the skin would surely long before this have yielded some decisive evidence." And although the various theories advanced against curing long standing eruptions are quite feasible, still the proofs brought forward are only isolated examples. On this subject we require further statistics to elucidate the matter, as the evidence is not conclusive.

THE TREATMENT OF SYPHILIS BY THE HYPODERMIC INJECTION OF THE SALTS OF MERCURY.

By THOMAS JAMES WALKER, M.D.LOND.,
Surgeon to the Peterborough Infirmary, etc.

IN the number of the JOURNAL for March 27th, 1869, is a paragraph taken from the *Wochenblatt der Gesellschaft der Aerzte*, calling attention to the cases of syphilis published by Professor Sigmund of Vienna, in which he had made use of the hypodermic injection of the bichloride of mercury. Before the appearance of that paragraph, this short paper had been written, in order to bring before the notice of the profession in England this method of administering mercury, which is advocated by its originator, Dr. Lewin of Berlin, and by others of our continental brethren who have adopted the plan, as more efficient, and at the same time safer, than any other method of employing the drug. It is especially desirable that the method should be fairly tried by those who, from their connexion with institutions specially devoted to the treatment of the maladies in which it is supposed to be useful, have the opportunity of proving, by experiments on an extensive scale, the value of the method.

Notwithstanding the opinion so strongly expressed by many eminent men against the use of mercury in syphilis, we find this remedy steadily holding its ground; and it is still regarded, not only by the vast majority of the medical profession, but also by the most experienced and most scientific of the specialists in this branch of medical science, as by far the most valuable remedy which we possess to combat the malady; and this fact is the more striking, since all admit the bad results which follow the abuse of the drug, and since, moreover, its administration is, as I believe, conducted by most practitioners on an entirely erroneous principle—that, I mean, which is inferred in the rule usually laid down that mercury, when administered for the cure of syphilis, should be given *until the gums are touched*.

The impression that the beneficial effect of mercury is not obtained until this so-called physiological effect is observed, and that, when this is observed, the full benefit of the drug has been derived, prevails, I believe, almost universally through the profession, and detracts most powerfully from the remedial value of the drug. The occurrence of

salivation, or even tenderness of the gums, must be regarded as an accidental complication of the use of mercury, which is of importance only as being a thing to be avoided if possible, since the injury to health caused by salivation—that is, by the stomatitis, etc., produced by the use of mercury—is so great, that the disuse of the drug is indicated on the first indication of this complication. In administering mercury for the cure of syphilis, the object always should be to avert any affection of the mouth, or any other physiological action of the drug, the occurrence of which will necessitate our discontinuing the remedy before it has exerted its curative influence on the disease. The occurrence of tenderness of the gums and salivation is no criterion of the amount of mercury absorbed into the system, or of the remedial power of the drug; and it would be desirable generally, in cases where no precaution to prevent salivation is taken, to continue the use of mercury far longer than the occurrence of this complication admits of. It is a mere fortuitous circumstance, depending in a great measure on the state of the patient's mouth and gums, and upon other circumstances unconnected with the drug. The mercurial treatment should be continued until it has done its work with the disease; and the occurrence of any accident which necessitates its cessation, before this end is attained, should be avoided if possible. It was from Professor Sigmund, while following his *clinique* in Vienna, that I learned how completely the occurrence of salivation might be avoided by diligent attendance to the cleanliness of the mouth, and by the constant use of alum. I usually direct my patients to carry a little piece in their pockets, and to suck it every hour or two for two or three minutes at a time. If patients pay strict attention to these directions, the occurrence of either tenderness of the gums or salivation is an exception to the general rule; and I have frequently, in obstinate cases of syphilis, been able to continue the rubbing in of mercurial ointment daily for months, and until every symptom has disappeared, without the occurrence of salivation, or even of tenderness of the gums.

I do not desire to enter here, however, into the question of the propriety of the mercurial treatment of syphilis: I assume that mercury is a proper remedy to use for the cure of syphilis. But I take the opportunity of pointing out what I consider the erroneous principle by which the administration of the drug is usually regulated, and at the same time to indicate what I consider the correct principle; viz., to administer the drug until the disease for which it is given is cured, and to avoid every complication which may necessitate the discontinuance of the remedy before this object is attained.

The method of administering mercury which enables us to cure the disease with the smallest quantity of the drug, and which at the same time is freest from the risk of the complications to be avoided, is the best. Hitherto, I have always been in the habit of using the mercurial inunction, guarded by the use of alum, as mentioned above. The following cases may assist the profession in coming to a conclusion how far the hypodermic injection of the bichloride or other salt of mercury may be likely to fulfil the indications required; and doubtless, when the method is once brought before the notice of our associates, the plan will be subjected to more extensive experiment, furnishing more decided results. The preparation which I have used in the following cases is a solution of 5 grains of the bichloride in 250 minims of water, with 250 minims of glycerine. This mixture is of such a strength that 100 minims contain 1 grain of the bichloride; and of this I inject 10 minims, or one-tenth of a grain of the salt, and upwards. The injection almost always causes more or less pain, and usually, though not invariably, is followed by slight inflammation and exudation at the seat of puncture. In one case, mentioned below, this was sufficient to cause slight ulceration of the skin—a result which I attribute, however, in part to the fact that the injection was performed by an assistant, who states that, having had but little experience in the matter, and fearing to pass his needle too deep into the cellular tissue, he believes that he forced the injection actually into the tissues of the skin. The infiltration usually disappears in from three to six days. The dose has been repeated every second or every third day in most cases; and the situations in which I have made the injection have been various, most frequently over the abdomen, occasionally in the cellular tissue of the arms or thigh. I have usually injected alternately on opposite sides; and I have certainly observed that the various forms of skin-affection, etc., disappear more rapidly in the immediate neighbourhood of the seat of puncture.

Dr. Zuelzer of Berlin has recently sent me a small pamphlet, forming the inaugural thesis of Dr. Adolf Gelber, in which the use of the kinate of mercury (*Chininsäure Quecksilberoxydul*) is recommended as the best salt of mercury to use for injection. It is readily soluble in water, and is, according to this author, less liable to give rise to pain, inflammation, or any other untoward complication, than any other preparation of mercury. The dose which he recommends is one-sixth of a grain.

Without occupying space with further remarks, I shall give brief notes of each case which I have treated by the method of hypodermic injection. The notes of the cases, more especially of their progress, should be more full; but I hope that, when once the notice of the profession in this country is directed to this system of treatment, fuller and more complete evidence of its efficacy will be afforded by those whose facilities for collecting and recording information are greater than those which a general practitioner in busy practice can possess.

[To be continued.]

OBSTETRIC MEMORANDA.

SUPPOSED AMPUTATION OF THE FINGER OF A CHILD IN UTERO BY THE FUNIS.

By EDWARD CHEATLE, L.R.C.P. Edin., Revesby, Boston.

ON June 8th, I attended Mrs. R. in her third labour. The labour was natural, with the exception of the funis firmly encircling the neck and left arm, the pressure being so great that I had to resort to artificial respiration for some minutes, which, after a time, was successful. While I was using means for resuscitation, I noticed the absence of the second finger of the left hand; and, on a more careful examination, I found a distinct cicatrix at the end of the metacarpal bone, presenting the appearance as if amputation had been performed at the metacarpo-phalangeal articulation, the same wide space being left as would occur when the head of the metacarpal bone is not removed. The idea occurred to me that it might have been amputated by the funis, as that encircled both arm and neck.

TURPENTINE IN UTERINE HÆMORRHAGE.

By EDWARD GARRAWAY, Esq., Faversham.

MR. BRADLEY, of Martley near Worcester, a few years since published some very valuable records of the utility of turpentine in hæmorrhages of all kinds. As a restorative in certain states of prostration, specially such as occasionally arise during the puerperal state, it is no less serviceable. Sometimes after a severe labour, accompanied or not with hæmorrhage, great debility will ensue about the third day, characterised by a rapid pulse, tympanitic abdomen, and other symptoms not connected with peritoneal or other fever, yet threatening the advent of a typhoid condition. Here turpentine, both as an injection and by the mouth, is invaluable.

A recent case, in which the patient was apparently snatched from the jaws of death by the timely administration of this remedy, may be worthy of record.

Mrs. —, aged 28, in her first labour, was confined of twins on May 3rd. She was quite exhausted after the birth of the first child, and the uterus was only roused to expel the second by giving ergot, after which no further contractions occurred. No compression nor kneading of the organ would induce it to throw of the placenta. An hour elapsed, and not liking to give more ergot, I passed my hand into the uterus, and found both placenta entirely adherent. They were removed easily, and no blood was lost, though, subsequently, there was some slight hæmorrhage. Mrs. — remained weak, and was ordered a more liberal dietary than was usual.

On the third morning, I was sent for to see her dying. My first impulse on entering the room, was to call her husband upstairs to take leave of her; my second, to attempt her restoration. She was bathed in a cold sweat, perfectly insensible, and breathing by hurried gasps; her pulse, 140, was just perceptible; one hand was becoming blue and shrivelled. The tale they told me was this. Mrs. — had been permitted, contrary to my orders, to put the children to the breast. An hour and a half afterwards, the nurse perceived—as she termed it—“a great change,” and sent for me. Having a stomach-pump and turpentine with me, I immediately passed the œsophagus-tube as far as possible up the rectum, and injected an ounce or more of turpentine diffused in mucilage, and, at the same time, covered the abdomen with hot flannel sprinkled with turpentine. In four or five minutes, the respiration became freer, an occasional sigh was heaved, which appeared to do immense good by more fully inflating the lungs. Soon, the eyes opened and wandered round the room. Deglutition now became possible, and a teaspoonful of brandy with ammonia was got down, followed quickly by an egg, beaten up with brandy, sugar, and milk; and now the patient fairly rallied. I left her in an hour or two. At my next visit, she had not the slightest recollection of my having seen her or done anything for her that day. I believe the injected turpentine lighted up the dying embers, and enabled the stomach to receive the subsequent fuel which was laid on, of course with no unsparing hand.