tubercle, moist, mild, even warm climates were thought indicated, as having a favourable influence on such inflammatory conditions. The relaxing, debilitating character of these climates was not considered a contraindication, and consumptive patients were drafted to the tropics and to Madeira in winter.

The experience of our army and navy surgeons, as also that of their French brethren, all over the world, has shown that these views are pathologically a mistake; that consumptive patients do not rally in a climate that debilitates still more their constitution and impairs the power of their digestive system. To send persons suffering from phthisis to such climates is, in reality, to treat the epiphenomena of the disease, and at the same time to place the patient under unfavourable climatic conditions for their recovery from the state of organic debility and decay which is at the root of the evil. I believe that Professor Bennett of Edinburgh was the first to clearly point out this important fact, in the first edition of his valuable work on consumption.

The winter climate really indicated in such cases is one in which the absence or paucity of rain, the absence of fog, of cold moisture in the atmosphere, and the presence of sunshine, enables the invalid to live out of doors, and to take passive exercise all but every day. The temperature also should be cool and bracing, not warm and relaxing. Such a climate I have found on the north shores of the Mediterranean, on the Genoese Riviera, from Cannes to Massa Carara, that is on the western and eastern shores of the Gulf of Genoa. No doubt other equally favoured regions exist on the north Mediterranean shores between the Gulf of Genoa and the Dardanelles.

In this region in winter, the north winds, which reign systematically, pass over the tops of the mountains which skirt the shore, and falling into the sea at a distance from the land, leave the shore ledge free and calm. These winds being dry, because they are cold and have precipitated their moisture on the mountains of central Europe, the atmosphere is usually free from watery vapour or cloud and allows the sun's rays to shine through. The south winds, which only reign exceptionally in winter, are warm, so that their presence merely brings warm rains, and does no harm to the chest invalids. As the winds from the north are not felt and the air is dry, and the rain is warm rain from the south, there is an absence of the cold rain that is so conducive to inflammation of the mucous membranes of the aerial passage in our climate.

I have but little to say on the medicinal treatment of phthisis. I do not believe in the existence of any absolute antidote to tuberculosis, nor can we rationally expect to find one if the disease is what I have assumed it to be, viz., a natural mode of death from defective organic vitality and decay, hereditary or acquired. I believe medicinal agencies to be most valuable, however, in the treatment of tubercular diseases, as a means of removing and modifying complications, of restoring healthy functional activity, and thus of helping, assisting, hygiene and climate. Even cod-liver oil, although a most valuable therapeutic agent, may be more a dietetic adjuvant than a pharmaceutical remedy. It may act more by promoting the healthy digestion of food than by its medicinal properties. It certainly can only be taken in the more favourable class of cases by those patients who are the most likely to get well without it, by those whose digestive functions can be got into good working order.

My opportunities of observing phthisis have been threefold. In early life I studied it as a student, and for many years an official in the Paris hospitals; in middle age I observed it in a large London consulting practice; during the last eight years I have watched its course on fellow sufferers, as a consumptive invalid myself, in a winter sanitarium, Mentone, in the region I have described. Eight years ago I was stricken by this dire disease, and when already in an advanced stage, gave up practice to take refuge during the winter, and die as I and others thought on the Genoese Riviera. To my utter astonishment, I have recovered, under the combined influence of hygiene, climate and medicine, and so have many fellow sufferers, principally persons connected with my former career, who have followed me to the south, and have acted likewise.

In this new field of observation, by combining the therapeutic influences I have above described, I have obtained results for which I was totally unprepared by previous Paris and London experience. I have not only saved my own life, but also that of many others.

The principal points for favourable treatment of pulmonary phthisis are that there should still be enough healthy lung left to carry on the functions of life, and that the disease should not be of an unfavourable type.

Of course if the lungs are destroyed, or all but destroyed, if patients are existing on a small portion only of one or both lung, they must die, from defective nutrition, from blood poisoning, from the reaction of inflammatory epiphenomena. Death supervenes in such conditions, even if the fresh deposit of tubercle can be arrested.

Again, if the tubercular deposit assumes the acute type, if it is deposited at the same time all over the lung, if it is intensely hereditary, if its appearance in the midst of luxury and plenty is merely the evidence that the patients have lived their life, have come to the natural end of their existence, if its presence coincides with a complete constitutional break up, with disease of liver and kidney, then there is but little hope of recovery, or even of prolonged invalid life.

On the other hand, there is a fair prospect of arresting the disease, and even of effecting a cure in the more favourable class of cases, if we can combine all the means of treatment enumerated.

This more favourable class is that in which the disease has only extended to a limited portion of the lungs, leaving sufficient lung tissues in a healthy state to support life, in which the malady appears in a chronic form, and more especially in which it is developed accidentally, as the result of unhygienic causes capable of being permanently removed. I am myself a remarkable and instructive evidence of such a favourable issue of the combined influence of these therapeutic agencies. The details of my case, to which I allude for the benefit of others, are well known to many, and especially to my friend Dr. Quain of London, and to my friend and namesake Professor Bennett of Edinburgh, whose researches on pulmonary consumption are so well known to the profession. It was they who gave me the courage to fight the battle of life, and to whom, therefore, I owe my present well being. I had surrendered my existence as irreparably lost, and was floating down the fatal stream in professional harness, when they roused me to exertion, and inspired me with the courage to abandon everything that a scientific observer the most values, to make the effort that has so far been crowned with success. I may add, as an encouragement to others, and to my professional brethren, that now, after eight years observation of similar invalids pursuing the same course, I am surrounded by a considerable number of patients and friends, in whose cases the same result has been obtained by the same means.

THE TREATMENT OF PORRIGO FAVOSA BY CARBOLIC ACID.

By CHARLES E. PRIOR, M.D., Bedford.

IN no department of medical science has a more gratifying progress been made during the last twenty years than in that of the recognition and treatment of parasitical diseases. Scalp-affections, which the student in vain endeavoured to identify, while wandering with bewildered brains from Alibert to Bateman, or Bateman to Biett, have been so positively fixed and settled by microscopical research, that there is no longer room for difficulty. We may beat the weary round of blisters, sudorifics, alkalies, tonics, or depletion, in our treatment of acute disease, and one or the other may come to the surface with the fashion of the hour, often dependent on the vigour of assertion of its advocate physician; but the nature of Achorian Schönleini or of Trichophyton tonsurans is known once for all, and the constitutional treatment of local vegetable parasites may be dismissed as an idle dream.

If, therefore, I adopt the term *Porrigo Favosa*, I do it as the best which we had at command previously to the microscopical investigation of the disease, and the one by which it is most generally known.

At the present day, the disease, I believe, is not a common one. In a tolerably extensive acquaintance with the diseases of the lower orders, I have met with it but rarely; a second specimen has been recently sought for in vain throughout an extensive district; and the experience of other medical friends corresponds with my own. My individual opinion is, therefore, not of much value as to the puzzling distinctions of *porrigo favosa* and *porrigo scutulata*, and other varieties. Reasoning from what I have seen, and highly as I value the light we have derived from microscopical research, I should say that the external appearances of *porrigo favosa* were sufficiently remarkable to defy confusion—the seat, the shape of the favi, their colour (whitish sulphur-yellow), such as I have endeavoured to depict in the accompanying photographs—present a *tout ensemble* very different from any other scalp-disorder (in this point I cannot too highly commend the description of Cazenave and Schedel); while the microscopical appearances are not, unless to an expert, so different from what I have seen in a case of *tinea tonsurans* or *trichophyton tonsurans*.

As respects curability, all external parasitical diseases, as a rule, are curable with attention and with the proper parasiticide remedies; but, practically, attention flags, and parasiticides are sometimes so injurious to the constitution that their use must be relinquished or suspended. The girl from whom this photograph was taken once passed sixteen

* Read before the annual meeting of the South Midland Branch.

weeks in the Northampton Infirmary, with considerable, though temporary, benefit. A boy in a western county, whom I knew many years ago, suffering from porrigo favosa of the scalp, having exhausted the medical skill of the local infirmary and of the local surgeons, was submitted, by a vote of the board of guardians, as a *dernier ressort*, to a female quack, whose fee was three pounds! Whether it was "no cure, no pay", I cannot, after this lapse of time, recall. At all events, the lady was not more successful than her predecessors.

My patient, a young woman, aged about 20, and belonging to the lowest class, came under my care in the Bedford Workhouse in November 1866. The disease then covered all the space which you see has been denuded of hair, nearly three-fourths of the scalp, with the exception of a portion of skin on the summit of the head.

I had not seen so remarkable a specimen for very many years, and made up my mind for a photograph as soon as I could make arrangements. In the meantime, having been much struck when reading the Third Report of the Cattle Plague Commissioners, by Mr. Crookes's experiments on the use of carbolic acid, and its remarkable hostility to lower forms of animal and vegetable life, I resolved to make use of it as a lotion, one part to six of water, applied by means of a little mop daily to the fungoid eruption. The effect was remarkable. In one day my photograph was spoilt; in two days, irremediably so; and the crust, in less than a week, began to come off in large flakes. I should say that, within a fortnight, nine-tenths of the disease was obliterated, though in places the lotion appeared rather too strong for the delicate new skin, and produced vesication. In future, I would recommend, and mean to employ, a rather weaker lotion—perhaps ten parts to one of commercial carbolic acid; or the glycerinum acidi carbolici of the *British Pharmacopœia*.

I entertain no doubt that, with epilation, and without any poultice or remedy other than the lotion I have mentioned, this disease may be thoroughly cured in two months. I do not believe in a much shorter period of treatment; the mycelium penetrates the surrounding tissues; the skin at the edges of the eruption is elevated; and, as remarked by Küchenmeister, small tubercular elevations occur in the skin at a little distance owing to the presence of favous matter underneath, which, after a time, makes its way to the surface, and is only then open to treatment. We may get rid of nineteen-twentieths of the disease; but it requires time to ensure the destruction of the whole, and one neglected spot may rapidly extend it over the entire scalp again.

Let me remark also, in this place, the truth of another observation of Küchenmeister—the non-extension of the disease to a strip of skin on the front of the head and back part of the neck, and its peculiar inveteracy on the occipital region.

In the present case, the disease gradually receded to that region. The applications of carbolic lotion—the head being every now and then washed with soap and water—became less and less frequent, till at last it was difficult, under a less interval than four or five days, to find a follicle with the peculiar brimstone yellow appearance from favous matter, which I have endeavoured to draw for you.

Had epilation been resorted to, no doubt the disease would have been utterly removed. As it was, the patient left the house after four months in March 1867, with just a suspicious follicle now and then coming to light, a minute sulphur-yellow crust surrounding the hair. I saw her a fortnight after going out, and found that the disease was creeping up the back of the head again. It was purposely left without treatment, that I might obtain the photographs (taken May 17th, after two months of non-treatment) which I now submit to you. You will here observe all the characteristics of the complaint, and about half its extent when it first came under my care.

Having obtained these, I resumed the carbolic lotion, with the same confidence with which one orders sulphur in itch, or with which a commercial microscopist destroys the remaining specimens of diatoms when he has made the most of his find in some unfrequented stream. The disease is now about one-tenth of what it was; but the treatment of the last stages of it requires a degree of assiduous attention which the poor will not exercise; and I venture to assert that it cannot be carried out unless in a public institution, or under the immediate eye of a medical man.

Carbolic acid lotion appears to me the safest and surest parasiticide for Achiorion Schönleini that we possess. I have met with no mention of it by authors. No cruel Jew's nightcap of pitch plaster is needed; no poultice; no salivation is to be apprehended, and no copper poisoning. The crusts appear to me, unless where accidentally mixed with blood or epidermic scales, an integral part of the fungus. My patient attributes the origin of the disease to wearing a second-hand straw bonnet. I have made three or four unsuccessful attempts to represent the appearance of a suspicious follicle charged with favous matter below the surface, and of two or three other peculiarities of this disease. I find it

impracticable; even the photograph fails to convey the very peculiar appearance of the dry, somewhat dusty, fungoid surface.

N.B.—October 19th, 1867. Since writing the above, I have met with three other cases which have been treated in the same manner, all apparently promising perfect success.—C. E. P.

ON PELVI-UTERINE MENSURATION, BY MEANS OF COMBINED SOUNDS.*

By J. H. AVELING, M.D.,

Senior Medical Officer to the Sheffield Hospital for Women; Honorary Member of the Dublin Obstetrical Society; etc.

IT WOULD be impossible, in the few minutes which I am kindly permitted to occupy of your time, to enter as fully as I could wish into the details of the subject of pelvi-uterine mensuration. You will, I hope, therefore, excuse me if my remarks should appear more suggestive than exhaustive.

In the first place, allow me to call your attention to this instrument. You will observe that in its present state it is not unlike a five-pronged roasting-fork without a handle; but when it is bent and adapted to the parts we wish to measure, it at once assumes a significant form, and by its means we are enabled to make external and internal measurements of the pelvis, and to determine and demonstrate the exact relative positions which its contents bear to it and to one another. It is therefore a pelvimeter and uterine sound combined, and something more. It might perhaps not inappropriately be called a pelvi-uterometer. (Fig. 1.)

Fig. 1.

It consists of five flexible, silver-plated copper sounds, which for convenience may be called, naming them from before backwards, pubic, vesical, utero-vaginal, rectal and sacral. These sounds are passed through and fastened, by means of screws, to pieces of metal, which are so constructed that they may be readily combined and separated. The utero-vaginal sound has a notch at two and a half inches from its point; and it will be found necessary to mould a piece of gutta-percha upon the point of the rectal sound to prevent its catching the folds of the mucous membrane when it has to be passed high up. Any number of these five sounds may be employed at the same time, and they may

* Read in the Midwifery Section at the Annual Meeting of the British Medical Association in Dublin, August 1867.