CLINICAL REMARKS ON SOME FORMS OF SKIN-DISEASE:

MOLLUSCUM, RUPIA SIMPLEX, ACUTE ECZEMA,
OR ECZEMA RUBRUM.

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WITH the desirable object of placing before the students for clinical observation cases of skin-disease, six beds, three male and three female, under the care of Dr. Basham, have been set apart in the Westminster Hospital for the special study of these disorders. At his clinical lectures on Thursday, Dr. Basham directed the attention of the students to three cases still under treatment—one of molluscum, the other of rupia simplex, the third of eczema. Molluscum, he observed, was an affection of the skin not of very frequent occurrence, and from a popular belief of its contagious character, designated in the books as molluscum contagiosum. It is not, however, contagious, although it often happens that more than one individual in a family may exhibit the disorder. It appears, however, to arise more from the special character of the constitution, or structure of the sebaceous follicles, than from any agent capable of propagating it. The case under notice is that of a little girl, of nine years of age, in every respect in a good state of health, on the inferior part of the abdomen of whom, as well as in the inside of the thighs, there appear a number of what at first sight look like simple warts—wart-like excrescences—of the natural colour of the skin. On more careful examination, they are round smooth nodules, slightly elastic to the touch, but soft and rolling under the finger from having a short peduncle; several exist singly, about the size of a large pea; a few are grouped together. On making a puncture of one, slight pressure causes a cheesy or creamy sebaceous matter to exude. If the outer cuticular surface is carefully incised and pressure made, the sebaceous matter can be turned out enclosed in a cyst, and the little tumour can be thus easily enucleated. These conditions reveal, therefore, the fact that molluscum is simply a disease of the sebaceous glands, and in no degree contagious. The general health does not suffer.

The treatment to be adopted in these cases is purely local. The tumours may be either enucleated in the manner just described, or a slight puncture made in the centre, the sebaceous matter squeezed out, and then touched with a stick of nitrate of silver, brought to a fine point. The caustic must not be too freely applied, as an unnecessary degree of irritation is excited, and more pain caused from the inflammation set up than is requisite for the eradication of the tumour.

The next case, to which the attention of the students was directed, was a case of rupia simplex. It was in the person of a young woman, twenty-two or twenty-three years of age, having a worn and anxious expression of countenance, and whose recent history was that of poverty, want, and mental distress. Rupia, Dr. Basham observed, is a disease essentially of the ill-nourished and half-starved. Its characteristics in this case were well marked. Over the trunk of the body, but in less number than on the extremities, particularly the lower, were dispersed a number of dirty-looking patches or scabs, varying in size from a silver threepence to that of half-a-crown. The base of the scab or crust was surrounded by a margin of inflammatory redness. The crusts had a laminated appearance, and have been likened to the dirty ash-grey of an oyster-shell. When they fall off, the cuticle remains of a dusky red colour for some time, and in bad cases often ulcerating. These scabs or crusts originate in a circumscribed spot of redness, slightly elevated, and painful to the touch. In the centre of this inflamed spot, at first was seen a minute vesicle, which rapidly enlarged by an irregular extension of its margin. Its colour at first, as this enlargement takes place, was pearly or milky, but it rapidly became purulent and concreted, and formed, by successive exudations, the laminæ of which the crust was composed. From the attrition of the clothes and dirt, this crust acquires the peculiar aspect which is the characteristic of this eruption. In one variety, the rupia prominens, the crusts acquire a cone-like shape; but excepting that the disease does not differ from the common form, rupia simplex, both are the offspring of indigence, intemperance, and dirt. As the causes which develop rupia are long and slow in operation, so it must be understood the means and remedies for its cure are equally dilatory, but not the less certain and effective.

The remedies in all such cases may be said to be embraced in the term nutrition, and all that aids nutrition, to which may be added cleanliness and personal comfort. A patient from the indigent-class, suffering from this disorder, admitted into one of our hospitals, more speedily recovers and is restored to health, than can possibly be expected while treated as an out-patient, and wanting the very essentials for recovery—wholesome food and personal cleanliness. There is no specific medicine for the treatment of rupia. Whatever remedies may be given should be those which minister to the nerve-force. It is thus found that a wholesome meat diet, porter or wine, as the case may need, accompanying it, is best aided by some of the preparations of cinchona and a mineral acid. The case under consideration has had the advantage of a liberal diet, with the liquor cinchonæ and nitric acid for nearly a fortnight. If you compare the aspect of the patient to-day with what was noted on admission; and you may remark also that within these few days only a few spots of eruption have made their appearance, and that as the scabs leave the old spots there is now no ulcerative tendency, you receive ample proof how much the disease has its origin in want and defective nutrition, and how little beyond the supply of this is needed for the cure of the disorder.

Acute Inflammatory Eczema.—The next case is that of a man aged 42, a baker, in King William Ward, affording a very good example and study of the characteristics of acute or inflammatory eczema. It is named in the books eczema rubrum; but the term acute or inflammatory bespeaks its character best, to distinguish it from the chronic or local varieties. About a fortnight before admission on May 2nd, he felt behind the ears a burning tingling sensation, followed by an oozing of moisture, which increased the irritation considerably. In a day or two, the flexures of some of the joints, the armpits, and the elbow, became the seat of a diffused inflammatory redness, with a painful sense of burning; a number of small watery pimples pouring out a fluid which only increased the local irritation. The scalp became involved; and other patches, more diffused, appeared on the trunk, both before and behind, as well as on the thighs and in the hams, even down to the ankles. On admission, this was the extent and range of the disorder. The scalp was covered with a moist, half-dried exudation, matting the hairs together, and completely concealing their roots; the spaces behind the ears were red and moist, the skin looking highly inflamed; and minute vesicles could be seen in the more recent inflamed margin. The back of the neck was free, and the eruption did not appear so marked on the back and loins as on the chest and abdomen. The pubis, inguinal spaces, inside and outside the thighs, seemed to display the eruption in its most angry form. Here the cuticle was deeply red, moist with oozing fluid, and distressing the patient by the continuous sense of tingling, itching, and burning. The eruption on the chest and upper part of the abdomen, as well as on the outer part of the thighs, was covered with the half-dried serous exudation, and looked like honey in colour and consistence. The linen, whether of the bed or person of the patient, was sticky and stiff, and discoloured with the moisture oozing from the inflamed skin. There was not much constitutional disturbance, not more than the extremely irritable surface might account for. The tongue was pale and slightly furred; the pulse was not accelerated; and there was no obvious error in any of the excretions. The urine perhaps contained an excess of uric acid and urates.

This form of skin-affection is thus shown to be an inflammation in irregular spaces of the derma, with the development of numerous minute vesicles, with excoriations and irritation of the surface, the vesicular fluid concreting into crusts, and, as the inflammation subsides, the skin desquamating in brain-like scales till the healthy surface is completely restored. This *branny* condition of the cuticle is particularly seen in the scalp in this case, and continues long after the surface of the trunk and extremities has returned to a clean and healthy state.

The causes of acute inflammatory eczema in many cases may be traced to irritation of the skin by some special irritant. Consequently, it is seen often in those who work in an atmosphere loaded with dust, or whose clothes may become saturated or charged with the fine particles of the material with which they deal. Bakers, bricklayers, grocers, and millers are thus frequently the subject of these eczematous eruptions, either in a local or in a more general form. There must, however, be some constitutional predisposition to cutaneous disorder pre-existent, or it would be more frequently observed among the workpeople in the above trades.

The acute form of eczema, with proper management, especially such as is at command in a metropolitan hospital, is not of an obstinate character. Unlike the chronic form, its duration rarely exceeds from six to eight weeks.

The patient under observation is a baker; therefore the origin of the disorder may possibly be traced to the irritation of flour-particles with which his clothes were probably saturated. But some constitutional

cause, as has been already observed, coexists. It is doubtless difficult to find this constitutional cause. But there is one error which I have remarked constant in similar cases; it is the excess of uric acid present in the urine. I will not venture to speculate or theorise on this fact; I may allude to it hereafter. But you may be reminded that the squamous or scaly eruptions of the skin are always accompanied by this excess of uric acid. Psoriasis and lepra are frequently associated with lithiasis or gravel.

The case under observation illustrates the plan of treatment most suitable for these cases of acute eczema. Cooling laxatives, effervescent salines, a simple non-stimulating diet, rest for a few days in bed, and the application of some soothing substance to allay the distressing irritation of the inflamed and excoriated skin, are the remedies needed. There are no specifics for this form of eczema. Arsenic is useless; it is useful in the chronic form. Alkalies are useful; but they should be given in a palatable form; and the carbonate of potash as an effervescent, with citric acid, may be given with advantage. The oxide of zinc and glycerine, slightly diluted and made of the consistency of cream, and painted over the inflamed skin with a feather or brush, conveys speedy relief. A warm or tepid, not a hot bath, should be given on alternate days. To remove the concreted mass from the scalp, linseed-meal poultices, made with a small addition of liquor potassæ to the water, and kept in contact with the scalp night and day, changing the poultice every six or eight hours, effects this purpose; or water-dressing, with a sufficient quantity of liquor potassæ to the water to help its solvent action on the crust, may be substituted.

During the progress of the convalescence, tonics may be desirable. This patient was ordered quinine and iron. He took Donovan's solution for a few days; but he needed the tonic more, and the arsenic was discontinued. About the seventh week of his stay in the hospital, every part of the body the seat of the severe eruption, except the scalp, had returned to perfectly clean and healthy appearance; so much so, that those who had seen the man on admission might with difficulty imagine that such fair clean skin could have been so recently disfigured. The scalp, however, was an exception to this complete restoration: here, even to the margin of the hair, was a branny state of the cuticle, a whitish scurfy peeling of the epidermis, implicating the root of the hairs, and requiring stimulating applications for its removal. Lotions of the nitrate of silver, of ten grains to the ounce, were found sufficient; so that before he left the hospital, the tenth week from admission, this portion of the skin also presented the same favourable appearance as that of the trunk and extremities.

ON THE EXTRACTION OF FOREIGN BODIES FROM THE FEMALE BLADDER.

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If we exclude urinary calculi formed in the kidneys, ureters, or the viscus itself, from the category of foreign bodies met with in the female bladder, substances which are introduced from without form the only examples of extraneous materials which require our consideration in determining the means best suited for effecting their extraction.

Such foreign bodies may obtain access to the bladder through wounds which open into the viscus, through the spontaneous evacuation by the bladder of an abscess, or, lastly, through the urethra. The two former are necessarily quite exceptional tracks; the last named is the usual route. Practically, therefore, the foreign bodies which are met with in the cavity of the female bladder must be of a calibre which admits of their passing along this canal. Conversely, also, any body larger than the normal canal is not likely to be met with within the bladder, if it has been recently introduced *ab extra*. In some instances, the channel of the urethra may be greatly enlarged, as I had occasion to observe some years ago in a young woman aged 17, who had never menstruated, and in whom the condition of imperforate vagina existed. In her case, the urethra was so patent that the forefinger could easily be introduced into the bladder; and, with a little force, two fingers might readily enough have been inserted along the canal. The orifice of the urethra was the most patent portion of the canal, and resembled a funnel in appearance. In such a case as this, a commensurately large foreign body would admit of easy insertion into the bladder, and of being lodged there; but, just as in the natural condition of parts, the foreign body could readily be re-

moved along the route by which it had been introduced, so here a body of much larger bulk would admit of extraction with equal facility through the urethra, without necessitating dilatation, incision of the canal, or diminution of the bulk of the foreign substance.

I have recently met with three cases of foreign bodies lodged in the female bladder; and, as they serve to illustrate the subject under consideration, I shall in the first instance narrate them.

CASE I.—J. D., aged 23, was brought to me at the Royal Infirmary on November 15th, 1865, by a gentleman attending one of the dispensaries in this city, on account of retention of urine. The patient, a nervous, excitable young female, was accompanied by her mother, from whom I ascertained that she had not passed water for upwards of two days. On examination, the fully distended bladder was easily recognised, rising prominently above the pubis as high as the umbilicus. The introduction of the catheter was resorted to at once, and readily enough effected, in spite of the retraction of the orifice of the urethra. As the bladder did not regain its tone for some time after this extreme distension, she required the introduction of the catheter twice a day; but, as she ceased to return to the hospital after a week, it was presumed that she had regained control over her bladder. At the end of a month, however, she returned, stating that the distance from the hospital at which she resided had prevented her from coming back, but that she had obtained the services of a nurse to help her, and had acquired the art of introducing the catheter for herself, with the result, a few days before her visit, of breaking off a portion of the instrument (a gum-elastic one) in the bladder, where it was now lodged.

Fragments of gum elastic and metallic female catheters, extracted at different times from the bladder of Case I.

On examining the bladder (in the manner I shall describe immediately), I at once detected the piece of catheter, and extracted it. After cautioning her against the repetition of such carelessness as might risk the recurrence of such an accident, she left the Infirmary. She, however, returned over and over again, at periods varying from a week to a month, with a foreign body, consisting of a piece of catheter, lodged in the bladder, which I similarly removed. On the last of these occasions, her mother, who accompanied her, explained that her daughter was given to habits of masturbation, and begged that something might be done to put a stop to her tricks. Various procedures, moral and remedial, were tried, with the view of soothing her excitable nervous system; but, as this was without effect, with the sanction of her mother I removed her clitoris, in the manner recommended by Mr. Baker Brown. This was followed by a cessation of any retention of urine or introduction of pieces of catheter into the bladder, till last year, when, in the beginning of the winter session, she came to town, apparently as ill as ever, with a piece of catheter in the bladder, which I removed as before.

CASE II.—Mrs. H., aged 45, was admitted to the Royal Infirmary in