only applicable at all in cases where alcohol was beneficial, and even to those patients they found the purer and wholesomer forms of alcohol in daily use were both more useful and more acceptable. All the advantages of the remedy had been in the possession of the public in a pleasanter form years ago. Determined at last to try a virgin substance—*integros accedere fontes atque haurire*—the same gentleman has lately announced that serpent's dung (!) now succeeds to the throne on which naphtha reigned of old. Our rude forefathers in art administered many curious things: the ashes of toads, the urine of boars, live spiders, are in their lengthy pharmacopœias. Their notion was, I believe, to drive out the devil by disgusting him. But I do not think they ever hit upon the bright thought of using the very dung of the accursed type of evil, that, as he "went out", he might say,

"That eagle's fate and mine are one,
Who in the shaft that made him die
Beheld a feather of his own,
Wherewith he went to soar so high."

I really believe the idea is original.

Good coprologists tell us that the excreta of snakes consist mainly of lithate of ammonia—a harmless though unattractive substance, and which most persons familiar with physiology would conclude to be inert. I remained satisfied with that belief till I heard Dr. Hastings, when arraigned before a public court of justice for avaricious malpraxis in knowingly administering inert remedies, swear positively that he believed this substance to be a powerful physiological agent. The powerful physiological agent was made by dissolving (*i. e.*, destroying) sixteen grains of boa constrictor's ejecta in a gallon of water by the addition of bromine. A Bible oath is a staggerer, and after that I could not feel justified in asserting faces to be useless till I had tried. I procured, therefore, a sample from the Secretary of the Zoological Society, and caused to be prepared a quantity of the "solution", under the name of "mistura pythonis". You have seen me order it a good many times since in cases where, no drugs being required, I felt myself justified in so doing. But instead of half an ounce, which was stated to be so active, I have given two ounces three times a day. You have seen that its effects are exactly the same as those of so much pump-water.

Such is the fate of *specifics* for phthisis; *ex uno disce omnes*; and lucky is the public if they are all as innocent as snakes' dung.

But do not let us part without a moral, or be satisfied with merely laughing at a delusion. Remember, you are acting no better than the vaunters of new specifics when you vaguely prescribe one thing or another, even of established power, because you have heard of its being "good for consumption". The time which is lost in trying this and trying that is lost for ever. You have no right to suppose that there can be any specific for that complex morbid state which originates phthisis; you have no right to substitute an experimental search after it for rational treatment; you have no right to stand in the way of the patient getting his chance of the renewal of his waning life by restorative agents.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

By C. HANDFIELD JONES, M.B., F.R.S., Physician to the Hospital.

[Continued from page 488.]

Impetigo, though presenting some external dissimilarity, differs in no really important point from eczema, one of whose varieties is distinguished by its name. Its distinctive features are that it tends much more to assume the pustular character, forms thicker scabs, spreads less in extent, and more apparently in depth; so that spots and patches of eruption are frequently separated by a greater or less extent of healthy skin. The essentially superficial nature of the disease is, however, proved by the circumstance that the best marked cases of it recover under appropriate treatment without the surface occupied being at all scarred. Manifestly, the true skin is not ulcerated, except, perhaps, in severe cases; the discharge proceeds from the denuded base-ment surface of the corium.

I have carefully examined the scabs of eczema and of impetigo; and find that they both consist of the same elements; namely, epidermic cells, amorphous granular matter, and pyoid corpuscles. These latter differ decidedly in their appearance, shape, and refractive power, from normal pus-corpuscles; but when treated with acetic acid, show multiple nucleoli. The impetigo scabs differ from those of eczema in containing fewer scales, much more amorphous matter, and a greater number of pyoid globules. The latter are by no means scanty in eczema, except when it is attended with little exudation, as in cases approaching a cure. In them, the scabs are almost wholly made up of epidermic cells. The favourite *habitat* of impetigo is the occipital region of the scalp, especially in children; and next, the face. Like eczema, it may assume the figurate form. It is very rarely, I believe, of sthenic character; the cases commonly met with yield with remarkable facility to arsenic and dilute citrine ointment.

It is not uncommon for impetigo or eczema to coexist with more or less severe inflammation of the more superficial textures of the eye or ear. In these cases it does not seem so much that there is extension of the inflammation in one or other direction, as that the same tendency of the system manifests itself in both situations, either simultaneously, or in one or other first. Of this, the following case is a good example.

CASE IX. W. J. H., aged 3 years, was admitted March 27th. He had been ill since Jan. 8th; had measles before. He was weak, apyretic. He had a copious eruption on the face of an erythematous character. Both eyelids were swollen and adherent; the conjunctivæ inflamed and secreting pus; he could not endure light. He was ordered to have six minims of tincture of sesquichloride of iron and four minims of chloric ether in two drachms of water four times a day; to take a drachm of cod-liver oil three times a day; and to have zinc and lead ointment applied to the face.

March 31st. The skin of the face was much improved; the inflammation of the eyes was also less; but, now that the right eye could be opened, it appeared that the cornea had partly given way, and was replaced by a fibroid tissue.

April 17th. Much improved; health much better; impetigo was breaking out on the scalp. There was much muco-watery profluvium from the eyes. Citrine ointment was applied to the head.

May 1st. He could see now tolerably well. There was a patch of opacity on the left cornea, of some extent, with a clear spot in its middle; the right cornea was staphylomatous; some redness still existed about the eye. He had after this some recurrence of eruption on the face, for which he took some arsenic; continuing, however, the iron and the oil.

By June 5th, he was and looked remarkably well. There was no trace of eruption; and the eyes had recovered, save where they had been irreparably damaged.

It is quite clear in this case that the impetiginous eczema affected the cutaneous and adjacent ocular mucous surfaces.

CASE x. E. J., aged 11, was admitted July 26th. She had been deaf since two years old, and was much more so some times than at others; she heard now the tick of a watch only when held close to the head. Health good. She had sometimes discharge from the ears. The throat was sometimes sore; the tonsils were large, and the throat rather injected. In the right ear, the membrana tympani was opaque and white; the meatus normal. In the left ear, the membrana tympani was drawn in, not thickened; the meatus was inflamed and tender. She was ordered one-twentieth of a grain of bichloride of mercury in decoction of cinchona three times a day, one leech to the left ear, counterirritation behind the ears, and alum gargle.

Sept. 13th. She could hear the watch one foot from the right ear.

Oct. 22nd. The deafness was improving much; but there was very marked impetiginous eruption of the scalp, with subcutaneous collections of matter. The medicine was continued; and dilute ointment of nitrate of mercury was applied to the head.

Oct. 30th. The scalp was much worse; the cutis was swollen up considerably by slowly suppurating pustules in its substance. Skin cool; pulse weak. She was ordered three minims of liquor potassæ arsenitis, four grains of carbonate of soda, and half a grain of iodide of potassium, in an ounce of infusion of cascarrilla three times a day.

Nov. 13th. The deafness was much better; the head just well. The mixture was continued twice daily; and a drachm of cod-liver oil was given twice daily.

Nov. 27th. Hearing was fairly good; the scalp was well.

I am much inclined to believe, in this instance, that the aural inflammation had originally been of eruptive character; the subsequent development of impetigo makes this probable. It may, however, in part have invaded the tympanum from the throat. It is worthy of remark that the cure of the severe impetigo in no way deteriorated the state of the ears. Mr. Wilde says of such cases: "In young persons, the eruption often co-exists with scald head (impetigo capitis); and in both young and old, if the disease is allowed to exist for any length of time, it extends into the meatus, and even over the surface of the tympanal membrane, which it thickens and renders opaque."

Pemphigus. Mr. E. Wilson says of pemphigus, that the acute form is of little importance; but the chronic affection is always obstinate, and sometimes fatal, particularly in old persons. He has seen several cases which induce him to believe that the eruption is an effort of the system to rid itself of some morbid predisposition, and recommends in such cases promoting the eruption by general mustard-baths, or croton-oil liniments to the surface. Cazenave does not seem to hold this view; he says that he is not acquainted with any facts to prove that it may occur as a critical eruption in grave internal disorders. He lays down as a general

rule, that chronic pemphigus always announces a bad state of system, and this chiefly in the way of debility. Bamberger has recently examined the urine, blood, and bullæ fluid of a case of pemphigus. The urine was scanty, of high specific gravity, and contained ammonia, but no albumen nor sugar. The blood was poor in solids, especially albumen, and contained ammonia. The fluid of the bullæ was alkaline, contained ammonia, but no urea. He recommends giving muriatic acid, and eliminating the ammoniacal salts by the secretions, especially the renal and intestinal. Of course he adopts the view of the disease being of humoral dyscratic nature. One cannot but remark that the mere presence of ammonia in the blood, urine, and bullæ does not prove much, especially when we think how long and freely carbonate of ammonia may be taken without any appearance of pemphigus, and that ammonia is even regarded on good grounds as a normal and necessary constituent of the blood. Further, Neubauer has shown that ammonia is no unfrequent constituent of the urine; and Rigler (Schmidt's *Jahrb.*, vol. cxii, p. 175) has described in detail the state he designates as ammoniæmia, yet without any mention of pemphigus or any other eruption. The circumstance which to my mind favours most the view that pemphigus represents an eliminatory effort, or at least depends on some *materies morbi* in the blood, is its great proneness in most instances to relapse. On the other hand, I am quite clear that pemphigous eruption may be arrested and temporarily cured, not only without injury, but with great improvement of the health. Largish doses of liquor potassæ arsenitis have appeared to me the most efficacious means, given with quinine or tincture of yellow cinchona. I have had to raise the dose to fifteen minims three times a day in a female aged 14. With these I should always join cod-liver oil, a generous diet, and pure air—in short, all means that can raise and strengthen the tone of the system. Strong lead lotion, or lead and zinc ointment, should be used to dry up the vesicles. The puriform character of the effused fluid is sometimes remarkably apparent. In one of my cases, a girl aged 11, a large bullæ of the leg, as big as half a small hen's egg, was filled with transparent fluid in its upper half segment, while the lower was occupied with a thick sediment of pus. In some instances, I have observed the skin to present more or less numerous red spots and rings, or arcuate patches, extending centrifugally, which were in part the precursors of bullæ, in part mere erythemata. In cases of marked asthenia, the effusion into the vesicle may be more or less bloody, just as in herpes. Cazenave says that, though he has made many autopsies, he has never found bullæ on any of the mucous surfaces; he confirms Bielt's observation as to the frequency of fatty liver. The simple fact seems to be, that pemphigus specially attacks weakly, cachectic, and worn-out constitutions; and in such it is no matter of surprise to find the liver and other organs degenerated, and the secretions ammoniacal.

With respect to the great practical question of the true pathology of pemphigus, on the decision of which must turn the adoption of eliminatory or non-eliminatory treatment, I confess my mind strongly inclines to the view that this eruption is essentially of the same character as eczema and impetigo; and that its greater obstinacy in many cases is owing to the low state of the general power, to raise and sustain which is, as all experience shows, often one of the most difficult tasks we can attempt. That the blood may be in an unhealthy state, its solids deficient, and its crasis defective, is by no means improbable; but I doubt very much that there is any possibility of improving it by mere elimination. Even in malarious cachexia with ague, where we have more reason to suppose the existence of a poison in the blood, we never put our reliance on eliminative treatment, but on a tonic and restorative. We know, if the

poison be there, we can't get it out; it is probably there for life; but we can so tone and fortify the system that it feels it not. So I believe we should act in pemphigus; and the force of the comparison is rather enhanced when we remember what good service the very same remedies, arsenic and bark, effect in both diseases. Of course *il va sans dire*, that, if there be manifest derangement of the liver, stomach, or any other organ, in pemphigus, we must correct it just as we would in ague. Arsenic is no specific for this or any other disease; but, judiciously used, it is an admirable toner of vaso-motor nerves, especially the cutaneous; and this, it seems to me, is just the thing that is needed.

Hebra has recently recorded a highly interesting case, the subject of a frightful and inveterate pemphigus, which was treated by continuous immersion in warm water for one hundred days. The pulse and respiration became less frequent, the temperature increased, and the appetite improved; the secretions were normal, except the urine, which seemed somewhat diminished; and the weight gained was fourteen pounds. (*London Medical Review*, Jan. 1862.) There can be no idea of elimination here; the benefit was doubtless owing to the exclusion of the air, and the soothing influence of moist warmth upon the diseased surface.

[To be continued.]

HULL GENERAL INFIRMARY.

REPORTS OF CASES.

By C. J. EVANS, Esq., House-Surgeon to the Infirmary.

CASE I. *Severe Burn with Oil of Vitriol, followed by an Attack of Erysipelas: Recovery.* Jane E. T. Robinson, aged 21, a servant, was admitted under the care of Mr. Huntington, on March 6th, 1858, having been severely burnt with oil of vitriol, which had been thrown at her by a man in a fit of jealousy on Feb. 24th, nine days previously. She was seen at the time of the injury by a surgeon, who applied oil to the burned parts. Both shoulders, the lower part of the neck, and the whole front of the chest as low as the breasts, were one entire ulcerating surface. The chin and right arm, which had also been burnt, were incrustated with dry scabs; as also both eyelids. Vision was perfect at this time; but for a short time after the injury, it was impaired in the right eye. She was ordered to have common diet. Flour was dusted over the sores, and cotton wool applied.

March 8th. The sores were dressed with calamine cerate spread on lint. She was ordered to take half a drachm of tincture of cinchona in an ounce of decoction of the same three times a day.

March 18th. She complained of passing but little urine, which scalded her. She slept badly. The sores were healthy. A demulcent mixture and a sedative at night were prescribed.

March 27th. She did not sleep so well as she did; in other respects she felt better. She was ordered to have four ounces of wine daily; and to take occasionally half a grain of hydrochlorate of morphia and half a drachm of spirits of nitric ether in some cinnamon water.

April 6th. Gutta serena splints were made and applied, for the purpose of keeping up the chin, which had a tendency to be drawn down by the contraction of the cicatrices on the neck and chest.

April 21st. On removing the dressing to-day, a considerable quantity of venous blood spouted out from a point above the right breast, and it required long continued pressure to stop the hæmorrhage. The girl's spirits, which before were very low, were still more depressed by this occurrence; and she said she was "sure she should not get over it."

May 4th. The granulations were bathed daily with

sulphate of copper lotion. When the benefit derived from one kind of application when first used became less marked, another was substituted for it.

May 12th. The sores were dressed with zinc ointment.

May 28th. The sores were irritable, and her general health was disturbed. Dressings of simple cerate were used; the zinc ointment being applied only where the granulations were exuberant.

June 12th. The breasts had nearly healed; the right shoulder and the neck were now the worst parts.

July 8th. A severe attack of erysipelas had set in, obliging her to take to her bed again. The face and neck were the parts chiefly affected. Flour was dusted over the inflamed parts. This attack prevented her from appearing at the Assizes to give evidence against the man who injured her. She took wine, quinine, beef-tea, etc.

July 13th. The erysipelas had spread over the whole face and chest, reopening sores that had healed, and producing fresh ulceration and sloughing in those that were advancing to cicatrization. The wine was increased to eight ounces daily, and the dose of quinine doubled.

July 15th. The erysipelas had centred in both breasts, disappearing from the head and face. The integuments of the breasts at the lower parts were sloughing. The patient was extremely low; she complained of dizziness and noises in the ears. The breasts were well supported by bandages passing beneath them and over the shoulders. She was ordered to omit the quinine, and to take instead five grains of sesquicarbonate of ammonia in an ounce of infusion of serpentry every four hours; and to have a pint of porter, in addition to the wine.

July 20th. She was improving. The sores were healthy.

August 1st. A small abscess had formed on the scalp and burst.

August 20th. The condition of the sores had rather retrograded. Parts that had healed broke out again; the new integument seemed in places to dissolve away as it were.

August 26th. An abscess which had formed in the right breast near the axilla was opened.

September 4th. The sores were healing very nicely. It being considered that change of air would be beneficial to her, she was made an out-patient, having been in the Infirmary six months; but up to this time she had been unable to leave with safety. The gutta serena apparatus not being sufficiently strong to keep the chin from being drawn down, an iron one was substituted, and made to rest in a socket in the front bone of her stays; this she was directed to wear for a long time, and it answered the purpose completely. She attended regularly to have her wounds dressed; and was discharged cured on October 20th, every sore having perfectly healed. The chin, the greater part of the front of the neck, the shoulders, and the whole front of the chest presented one almost continuous cicatrix. She was under treatment from first to last about eight months; and afterwards became very stout and healthy; but a year or so later she fell off, became rapidly weaker, and died of phthisis.

CASE II. *Burn of Back and Arms: Supervention of Chorea: Recovery.* Sarah Ann Hindley, aged 11, was admitted under the care of Mr. Craven on December 14, 1858, having been severely burnt on both arms, the sides of the chest, and upper part of the back. The burns were dressed with lint soaked in oil. She progressed favourably up to January 18th, when decided symptoms of chorea showed themselves. She was in constant motion, causing some difficulty in dressing the sores; had no sleep at night; and a cardiac murmur was distinctly audible. Her mother stated that she had never had chorea before, nor rheumatism. Ten grains of