sible what went before, as if in a hurry to display its own signs? Or, according to a less transcendental view, we may regard different elements of skin-texture as affected by certain morbid influences, one after the other; and the wonder is, that a person at such an advanced age should be able to survive the shock of so many cutaneous lesions.

ON PHAGEDÆNIC CARBUNCLE.

By G. F. MASTERMAN, L.K.Q.C.P., M.R.C.S.I., Stourport.

SINCE the time of Harvey Ludlow, two forms of carbuncle have been recognised: one in which the sloughing does not extend, or very slightly, beyond the original area of the disease; the other, in which this process is accompanied by fresh peripheral mischief, the disease rapidly spreading from the spot where it first appeared, sometimes deeply, but generally limited by the superficial fascia, and attacking preferentially the skin of the face.

That there is some essential difference, not simply due to position, in the two forms of the disease, is generally admitted; but, in the numerous papers on the subject I have lately consulted, I have not found any reason given or suggested to account for it, although the treatment employed in the successful cases of the graver form—the use of perchloride of iron—gives, I think, the key.

Within the last twelve months, I have treated two cases of this facial—or, as I should prefer calling it, phagedænic—carbuncle (for it occasionally attacks and destroys the integument of other parts), and four of the disease of the ordinary type. Now, in the former two, I found strongly marked and obstinate albuminuria; whilst in the latter this condition was uniformly absent. In all the cases, the urine was loaded with lithates, and generally scanty when they first came under treatment; but throughout the progress of all, whether the urine were turbid or perfectly clear, this difference persisted. I found always abundance of albumen in the one, and none in the other, but not the slightest trace of sugar in any instance.

CASE I.—A lady, aged 36, mother of six children, in easy circumstances, but living close to a canal, of which the water was occasionally offensive in smell, had enjoyed, up to the time when the carbuncle appeared, excellent health, and had certainly shown no symptoms of renal disease. It was preceded by the usual *malaise*; and then a small hard nodule appeared in the skin at the centre of the posterior edge of the sterno-mastoid muscle; it became very painful, and within two days its nature was evident. I directed it to be well poulticed; gave an active purge; then quinine and iron; and, the following day, destroyed the whole thickness of the skin in the centre of the swelling by a bead of caustic potash fused in a loop of iron wire—a very convenient way of applying it to a small surface; and replaced the poultice. I had hitherto found this plan so perfectly successful in treating carbuncle, that I was surprised to find that the disease extended in spite of it. In four days, it had reached upwards to the ear, and almost down to the clavicle, as well as deeply in front of the muscle. I then asked Dr. Strange and Mr. Walsh of Worcester to see the case with me. Up to that day, I had not specially examined the urine; it was at first thick with urates; but, as it cleared after a few doses of the iron mixture, and appeared normal, it did not seem necessary. However, in anticipation of the question being raised, I tested for glycosuria, found no sugar, but a large amount of albumen. Dr. Strange was kind enough to administer chloroform; and I again and more thoroughly applied potassa fusa to the whole of the sloughing cavity, increased the dose of perchloride of iron, ordered complete rest in bed, and a dose of compound jalap powder every morning. In a few days, the albumen fell to one-eighth; the sloughing stopped, and healthy granulations appeared. The patient was then sent to Malvern, and was soon convalescent; but the albuminuria persisted for about a month afterwards, finally disappearing under the use of arsenic with the iron.

I then had three cases of the ordinary form of carbuncle in succession, each in the nape of the neck. They were treated as I have indicated, and all did well. I carefully examined the urine of each, day by day, but never found the slightest trace of albumen or sugar. After the skin over the centre of the swelling had been fairly destroyed by the caustic, the pain was relieved, the sloughs speedily separated, and the mischief never extended beyond the lump originally formed.

CASE II.—Last February, a farm-labourer came to me in an advanced stage of phagedænic carbuncle of the face; it extended from the chin to the angle of the jaw, and was rapidly nearing the orbit. The surface was ash-coloured in the centre, purple at the edges, and full of crater-like apertures, from which most offensive sanious pus

escaped. The urine was loaded with albumen, solidifying when boiled; and there was severe constitutional disturbance. I rubbed the whole of the diseased surface with a stick of potassa fusa until the skin was converted into a black gelatinous slough, which was washed away under a stream of water; sent the man to bed, and directed the same treatment as in the first case. Except for rather sharp hæmorrhage one day from the bared facial artery, there was nothing to interfere with the steady improvement which at once set in; and the wound healed with less scarring than I should have thought possible. The albuminuria was not finally got rid of for nearly two months, but it was quickly reduced to a small amount.

This month (May), I have been treating another, but a case of simple carbuncle of the face. The patient, a feeble cachectic-looking man, with a gouty mother, but only inferential evidence of that habit in himself, had two of the characteristic swellings on the cheek, which was swollen, brawny, and very painful throughout. The urine was very scanty, passed with some pain, and thick with urates, but did not contain a trace of albumen or sugar. In spite of the unpromising look of the cheek, the disease did not extend; the carbuncles, which were about two inches apart, did not even coalesce; and, as soon as the sloughs began to separate, the swelling of the cheek subsided.

Now, in looking through all the reports I could find on the subject, I have been particularly struck by the fact that, although glycosuria is generally mentioned as a cause, I have not found a single case where albuminuria is referred to either as a cause or an accompaniment. That it may be the cause of the difference between the two varieties of the disease, is, I think, most probable; but it cannot be looked upon as the result of it, from its persistence after the carbuncle has healed, nor, *a fortiori*, as a cause of the disease itself; else, amongst the many cases of albuminuria, acute and chronic, one sees, carbuncle should be of frequent occurrence, and the connection would have been made out long ago.* Probably the same dyscrasia which originates the phagedænic form of the disease leads to the escape of albumen also; and I am especially inclined to think so, because the most careful microscopic examination of the urine failed to yield me any evidence of renal mischief. The albumen seemed to drain away from some change in the blood, and not from any lesion in the uriniferous tubes. I may add that the pulse showed no tactile evidence of unusual pressure.

There was a case of carbuncle attacking the back reported in the JOURNAL about four months ago, which rapidly extended, and eventually killed the patient; and I noticed that no reference was made to the state of the urine, and that perchloride of iron was about the only recognised remedy not given. I have no doubt that, in this case, albuminuria existed.

In treating carbuncle, there is one point I insist upon—almost entirely withholding alcoholic stimulants. In Case I, in deference to my senior, Dr. Strange, wine was given; but I stipulated that it should be dry champagne only, and not much of that. I am sure, from the progress of many cases I have watched, that the time-honoured port-wine treatment simply retards the cure.

CLINICAL MEMORANDA.

DEATHS DURING THE ADMINISTRATION OF ANÆSTHETICS.

I HARDLY think I shall stand alone in my protest against such cases as Mr. W. Roger Williams quotes being put down as deaths (*bond fide*) from anæsthetics. Three at least of the six given ought, in fairness, to be left out of the calculation.

CASE I.—To place one drachm of chloroform (without measurement) on a piece of lint, press this closely over the mouth and nose, and then over this throw a towel, is, I think, courting a fatality. No wonder the anæsthesia was complete in less than three minutes, and no wonder the patient was asphyxiated. The administrator, not the anæsthetic, was at fault in this unfortunate case.

CASE II.—Does the writer think the induction of anæsthesia by chloroform was a wise procedure in this woman? To commence with, the heart must have been acting under the greatest difficulties, so that any shock or excitement might probably have been sufficient to stop it.

CASE IV.—There is, in this case, again room for doubt as to the share the anæsthetic had in bringing about the fatal result. In the writer's own history of the case, he says, "before she was well under

* As I have seen but these two cases in connection with albuminuria, it would be premature to express any more definite opinion as to their mutual bearing.