dermal layers, causing desquamation of unhealthy epidermis and reproduction of a new covering, as observed in ichthyosis, psoriasis, dry chronic eczema, and also in some cases of myxœdema and cretinism.

Among its general effects I have found that in doses of 15 gr. daily it causes a pulse-rate of 120 to 140 per minute, which in different subjects may be either of high or low tension. But thyroid extract seems also to rapidly exhaust latent cardiac energy, for if the dose be unduly increased, or if the patient is not fully accustomed to it, then the heart soon tires, and the pulse, although still quick, is weakened so as to induce irritability, depression, and tendency to syncope. It is difficult to say whether increased excretory action be due to direct irritation of the secreting glands or from general increased blood pressure; possibly it arises from both.

In neither of the above cases did the temperature rise high; there was indeed a slight rise at the commencement of the treatment, but none in its later stages, although the remedy was given in larger doses, a result probably due to increased metabolism of the tissues, plus insufficient surface cooling, from the skin not acting in a normal manner, for when the skin became healthier there was no appreciable thermometric rise.

The action of thyroid extract on the nervous system in most of my cases has been depressing, patients complaining of feeling debilitated and low; but in a case of myxœdema in which I used it its action was the very opposite.

In the above cases the results are, I think, sufficiently encouraging to warrant a more extensive trial in ichthyosis, which has hitherto proved so intractable to treatment.

SKIN ERUPTIONS AND INFECTED WOUNDS.

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THE short article by Dr. Stopford Taylor in the *BRITISH MEDICAL JOURNAL* for September 25th, 1897, calls attention to a point of importance not only in dermatology but also in general medicine. Briefly put, he presents a number of cases of dermatitis of varying type associated with septic inflammatory conditions of the skin, either of traumatic or non-traumatic origin. Such rashes, in his opinion, arise from the absorption of some morbid matter into the circulation. As that view tallies exactly with conclusions published some years since by the present writer, a few comments may perhaps have a suggestive or epexegetical value.

First of all there is of course the possible fallacy that the dermatitis may result from direct extension and surface inoculation of virus from the primary skin lesion. However, we find a large number of severe symptomatic rashes, such as those resulting from drugs and exanthems, where no such external inoculation could take place, and which therefore offer a strong analogy to Dr. Taylor's assumed absorption of septic matter. How the irritant is to affect the skin after its entry into the blood is not discussed by the observer in question. The present writer's theory is that the dermatitis results from direct inflammation of the skin by the excretion of a bloodborne irritant. A similar explanation would account for the skin phenomena met with in connection with certain drugs, exanthems, and various septic invasions. Moreover it would have a bearing upon the constantly accompanying injury to other organs of elimination as the bronchi, intestines, and kidneys.

Dr. Taylor mentions a case previously described by him¹ "of dermatitis of the eczema type beginning in a septic axillary wound, which ran an acute course, and was attended by universal exfoliation." His attention has doubtless been drawn to the curious skin eruption in a steer, described by Dr. Eddowes² at the Dermatological Society of Great Britain and Ireland. The beast had a septic operation wound, and was attacked by a severe desquamative dermatitis of the white parts of his body, while, curiously enough, the red were not affected. A white star on the forehead was not involved, a fact that Dr. Eddowes thought due to its not being licked by the animal. At the same time he compared the case with Savill's epidemic dermatitis. Of the latter disease, which presents a most important series of problems to the derma-

tologist, the present writer has spoken as "an epidemic dermatitis where the desquamative lesion has all the appearance of resulting from the cutaneous excretion of an intensely irritant product of obscure origin."³

At the end of his article Dr. Taylor asks⁴: "Do not the foregoing cases suggest to us that many skin affections which have been attributed to vasomotor disturbance and reflex irritation are due to the absorption of micro-organisms or their products either by the skin or alimentary tract?" The same question was asked by the present writer in 1890 at the Birmingham meeting of the British Medical Association in a paper entitled, *Dermatitis as an Excretory Symptom*.⁵ A comparison was then made between various rashes where the common feature was an inflamed skin and the presence of some bloodborne irritant, whether drug or specific virus. Whether or not the true etiology of symptomatic dermatitis may be ultimately found in excretory irritation, it is not a little curious that none of the existing theories are capable of explaining such every-day phenomena. So far as the present writer has been able to test his general conclusion by particular applications, it seems to afford a simple explanation to such varied rashes as those associated with scarlet fever and the rest of the exanthems, antitoxin and tuberculin injection, arsenic, iodine and a host of other drugs, gout, rheumatism, and with septic conditions of the body, local and general. In all these instances there is a marked tendency to vicarious inflammation of eliminating organs other than the skin, a disturbance which it is suggested may have been caused by the passage of an internal irritant through the essential cells of the excretory organs.

REFERENCES.

- ¹ *BRITISH MEDICAL JOURNAL*, 1892, vol. 1, p. 861. ² *British Journal of Dermatology*, p. 54, February, 1895. ³ *Excretory Irritation*, Walsh, 1897, p. 49. ⁴ *BRITISH MEDICAL JOURNAL*, September 25th, 1897, p. 805. ⁵ *Med. Press and Circular*, October 22nd, 1890.

NOTES ON FIFTEEN CASES OF INTUSSUSCEPTION.

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In the 15 cases of intussusception that I now put on record, 8 recovered and 7 died. In 3 cases the intussusception was reduced by injection of oil without operation. In this series, then, there were 12 laparotomies, with 5 recoveries. In one of the cases that recovered, 4 inches of the small intestine was resected, and this in a child under 12 months. I have previously reported 7 laparotomies with 4 recoveries. Taking the operations in the two series of cases together, then, the figures are 19 cases, 9 recoveries, 10 deaths. The cases are given in the order in which they occurred.

CASE I.—E. G., aged 6 months, admitted to the Children's Hospital July 10th, 1895. History: Thirty hours ago screamed and turned pale. Passed blood eight hours later. Vomited several times. Under chloroform a tumour felt on the right side of the abdomen. Warm olive oil was injected, and the mass disappeared. In a few hours the child passed three motions; no vomiting. Child was discharged the next day, as it was not weaned, but it was kept under observation for several days, and remained quite well.

CASE II.—K. R., aged 5 months, admitted to the Children's Hospital October 6th, 1895. Child ill seventy-two hours. Attack began with screaming. Then vomiting, and soon after passage of blood. The child has been constantly vomiting and straining since, and passing blood and slime. On admission mass could be felt in rectum. The abdomen was opened in the middle line, and as it was impossible without undue violence to reduce the intussusception (which was caecum into colon) completely, the mass was resected and the ileum was sutured to ascending colon. The child died soon after the operation (which only lasted thirty minutes) was completed.

CASE III.—O. W., aged 1½ year, admitted to the Children's Hospital October 17th, 1895. Ill five days; constant vomiting; no motion for five days. On the second day of illness some slime and blood were passed once, but not again till to-day. On opening the abdomen intussusception was found to be a double one, ileum into ileum, and then this into the caecum. In reducing these intussusceptions the ileum was torn. The damaged part, about 6 inches of ileum, was therefore resected, and the cut ends of the bowel united with a double row of catgut sutures. The child only lived one hour after the operation was completed.

CASE IV.—E. C., aged 5 months, admitted to the Children's Hospital on July 30th, 1896. Began to scream two days ago, and soon vomited and passed a motion consisting chiefly of blood and slime. Under chloroform cylindrical tumour, extending boomerang-like, in region of hepatic