CASE II. E. W., aged 12, errand boy, admitted April 24th. He had been ill some weeks, suffering from an eruption consisting of numerous inflamed patches covered with scabs, and others presenting several little vesicles, or prurigo-like spots, rendered bloody by scratching. Tongue clean; health good; skin cool.

R. Liq. pot. arsenit. $\mathfrak{m}\mathfrak{x}\mathfrak{x}\mathfrak{v}$; liq. potass. $\mathfrak{z}\mathfrak{i}\mathfrak{i}\mathfrak{j}$; inf. gent. co. $\mathfrak{z}\mathfrak{v}\mathfrak{i}$. M. $\mathfrak{z}\mathfrak{s}\mathfrak{s}$ ter die.

R. Liq. plumb. diacetat. $\mathfrak{z}\mathfrak{i}$; aq. destill. $\mathfrak{z}\mathfrak{i}\mathfrak{i}\mathfrak{j}$. M. Fiat lotio.

May 1st. The eruption continues; it presents the form of lichenous patches, and pustules mingled with them. Itching not checked by lotion.

R. Hydr. bichloridi gr. i; dec. cinch. $\mathfrak{z}\mathfrak{v}\mathfrak{i}$. M. $\mathfrak{z}\mathfrak{s}\mathfrak{s}$ ter die.

R. Ung. hydr. nitratis $\mathfrak{z}\mathfrak{i}$; adipis $\mathfrak{z}\mathfrak{v}$. M. Fiat ung.

May 15th. Much better; less itching. Pt. in mist. and ung.

June 5th. The eruption improves, and he looks much better. Did not return.

I believe this eruption was essentially lichenous, though showing a tendency to become vesicular, partly from the appearance it presented on May 1st, but especially from the failure of arsenic, and the success of bichloride of mercury. The saying of Hippocrates, "Naturam morborum curationes ostendunt," expresses a great truth; viz., that the reaction of the human body towards remedies while in diseased states makes known to us more of their intimate invisible nature than we could learn by any other means of observing. It is like applying chemical tests to an unknown substance.

CASE III. C. T., aged 70, male; ill off and on for three or four years; suffers severely from prurigo senilis. His limbs and body are covered over with the characteristic black-topped papules. Is obliged to scratch himself very much at night, and his rest is very much disturbed. Feels rather weakly. Is of calm self-possessed temper. Admitted April 30th.

R. Strychnie gr. i; acid. sulph. dil. $\mathfrak{z}\mathfrak{s}\mathfrak{s}$; aquæ $\mathfrak{z}\mathfrak{x}\mathfrak{v}\mathfrak{i}$. M. $\mathfrak{z}\mathfrak{i}$ ter die.

May 10th. Is certainly better; the itching is not so heating, nor so frequent. Is obliged, however, to jump out of bed, and walk about the room for two hours at night. Skin cool. Pt. in mist.

R. Extr. conii gr. iv; ipecac. pulv. gr. i; morph. acet. gr. $\frac{1}{4}$. Fiat pil. ij. capiat ij o. n.

R. Mist. sennæ $\mathfrak{z}\mathfrak{i}$; tinct. aloes $\mathfrak{z}\mathfrak{i}$; o. mane.

May 17th. Worse last two nights, but has slept better with the pills. Is covered all over with a papular rash, having brownish stains, and marked with bloody heads from scratching. Urine natural; tongue also.

R. Hydr. bichloridi gr. i; pot. nitratis $\mathfrak{z}\mathfrak{i}\mathfrak{v}$; mist. ammon. acet. $\mathfrak{z}\mathfrak{v}\mathfrak{i}\mathfrak{i}\mathfrak{j}$. M. $\mathfrak{z}\mathfrak{i}$ ter die.

R. Ung. zinci $\mathfrak{z}\mathfrak{i}$; plumbi subcarb. $\mathfrak{z}\mathfrak{i}\mathfrak{s}\mathfrak{s}$; ung. hydrarg. $\mathfrak{z}\mathfrak{i}\mathfrak{j}$. M. O. n. utend.

May 24th. Eruption is very much less, and itches less; it is most felt about the knees, backs of thighs, and in groins. Pt. in mist. and ung. Warm bath twice a week.

June 14th. "Is quite in heaven to what he was"; eruption still showing itself on calves of legs and thighs to some extent. He has had a bath this morning, but the skin nevertheless is covered with brownish stains, the relics of the eruption. Pulse of good force. Has been taking the last week—

R. Ol. morrh. $\mathfrak{z}\mathfrak{s}\mathfrak{s}$ bis die.

R. Dec. sarzæ $\mathfrak{z}\mathfrak{i}$; hydr. bichl. gr. $\frac{1}{4}$ bis die.

The same treatment was continued up to July 6th, the eruption being kept under so as not to cause him much annoyance, but still continuing to some extent on the legs. His health improved. The bichloride was now given in dec. cinch. ter die, and one grain of hyd. cum cretâ also every night, and soon after he had ung. hyd. nit. oxyd. $\mathfrak{z}\mathfrak{s}\mathfrak{s}$; opii $\mathfrak{z}\mathfrak{i}$ as a local application, instead of the former one. Some further improvement took place in the local disease, but a complete cure was not effected.

August 23rd. tried acid. sulph. dil. $\mathfrak{m}\mathfrak{x}\mathfrak{v}$; dec. cinch.

$\mathfrak{z}\mathfrak{i}$; ter die; but under this he became rather worse, and more eruption appeared on the thighs.

Sept. 3rd. I commenced to give him the following mixture, altered from a prescription of Mr. Startin's:—

R. Hydr. bichloridi gr. 1-10th; acidi arseniosi gr. 1-20th; acidi muriat. $\mathfrak{m}\mathfrak{j}$; tinct. opii $\mathfrak{m}\mathfrak{i}\mathfrak{i}\mathfrak{j}$; aquæ $\mathfrak{z}\mathfrak{i}$ ter die.

This he took up to the date of his discharge, November 3rd. Some traces of the eruption still continued to show themselves to the last, but he benefited decidedly by the above combination. He was much improved in health and spirits, felt quite a different man, and passed tolerable nights. He mentioned, when I discharged him, that he had had the same eruption last year, and that it ceased about the same time, but that he did not feel so well then as he did now. I examined the urine on September 29th; it was quite healthy, with the exception of depositing some oxalates, and being perhaps unduly acid.

REMARKS. The controlling influence of bichloride of mercury is well shown in the above case, as well as the improvement of the health under its prolonged use. The conclusion to be drawn from the other cases is the same, and affords a complete refutation, in my opinion, of the views of those who think that the administration of mercury is never beneficial, but often injurious. That which is true of all other remedies is eminently so of mercury, that its use must be "tempestivus." It is not so much a disease called by a certain name that calls for the employment of mercury, as the existence in a particular patient of certain vital conditions. According as these vary, mercury must be given or withheld. The intimate connexion of the papular eruptions with an elevated temperature is well illustrated by Cases I and III, and is an instructive circumstance. It seems to indicate the compound nature of the affection, which consists probably of a nervous element and a vascular. The abnormal nervous condition must be a kind of hyperæsthesia of sensory nerves, which so long as the external temperature is low, is not painfully excited. When, however, by an increase of warmth more blood is received into the superficial vessels, and the nerve sensibility is also heightened, then the phenomena of severe irritation show themselves. The excited nerve filaments determine foci of inflammatory irritation around their extremities, which constitute the papules. The existence of this inflammatory irritation I consider as essential, and I believe the beneficial action of mercury takes place by annulling it. In some cases I know the tonic influence of strychnia or arsenic may cure the disorder by diminishing the hyperæsthesia of the nerves; but I have no confidence in them at all while there exist decided indications of sthenic inflammatory movement. Dr. Burgess looks on the diseases in question as essentially neuralgic, involving the peripheral nerves, and regards the eruption as a mere accessory condition. I agree with him so far as that the peculiar nervous state is the primary disorder; but I attach more importance than he does to the superadded change. There must be some peculiar state wrought in the cutaneous tissue, which produce phenomena so entirely wanting in ordinary neuralgia. Lichen urticatus seems to hold an intermediate place between the eruptions we are now considering and neuralgia. Its spots, by the suddenness of their appearance, and their less permanence, show the predominance of the nervous element, and in accordance with this, the disorder is pretty certain curable, at least in children, by arsenic. I do not think that much benefit was derived from the warm baths in Case III.

1, Southwick Place, Hyde Park, Nov. 1855.

St. Marylebone General Dispensary.

TERTIARY SYPHILITIC PERIOSTITIS.

By T. W. NUNN, Esq., Surgeon to the Dispensary.

NOVEMBER 10th, 1855. W. B., aged 35 years; carpenter; a well made man, of middle height; has nodes upon the

right humerus, immediately above the external condyle, upon the left clavicle and tibia; at the present date these nodes have ceased to cause much pain, unless squeezed; the nocturnal exacerbations have almost subsided. He is taking six-grain doses of the iodide of potassium, with half a drachm of the compound tincture of camphor, in infusion of quassia, three times a day; and has been rubbing over the nodes an ointment composed of ten grains of veratrine, one ounce of simple cerate, and one ounce of strong mercurial ointment.

Nineteen years ago, this patient had a sore on the penis, which was partially treated by caustic; that is to say, it was once only seen by a medical man, who, on that occasion, applied some escharotic. I can make out nothing further concerning the history of this sore, and cannot learn that any eruption, or that ulceration about the mouth or throat followed it.

We have here, then, the extremes of the history of this case; we will examine the intervening space of time; the patient's health for ten years after the date of the sore was excellent; but at the end of that period he began to complain of pains in the left leg, below the knee; he was treated during two years ineffectually, until he applied at a hospital, where he had a plaster placed over the painful part, and had, he says, sarsaparilla (no doubt iodide of potash) given him; this brings us up to about the year 1848. From this date, until the middle of 1853, appears to have been a period of freedom from any manifestation of the disorder. In 1853 I first saw the patient; my opinion was asked concerning him by a friend of mine, under whose care he then was, being again treated for rheumatism; he complained of pain and weakness in the right arm and shoulder, and looked a good deal "pulled". I found the pain to be principally referable to the course and distribution of the musculo-spiral nerve. It was so distinctly confined to this nervous track that I eschewed the notion of its being rheumatic, in the correct acceptation of the word, and, therefore, sought for some explanation of this circumstance, by carefully manipulating the limb, by percussing the spine in the region belonging to the brachial plexus, by stethoscopic search of an aneurismal tumour, and by cross-examining for any mechanical injury to the nerve trunk. The only result of a very close scrutiny was the discovery of the fact that the point of greatest tenderness was situated at that part of the course of the nerve in which it could be brought most directly under pressure, namely, in front of the *external condyloid ridge*, or where it lies between the brachialis anticus and the muscles arising from the ridge itself. I suspected then that the pain which had proved so obstinate might be caused by implication of the root of the nerve at its exit from the vertebral column, in a periostitic tumefaction of a syphilitic nature; but one could get no account of a chancre. I, however, advised iodide of potash and quinine. I have reason to believe that these medicines were either not taken at all, or not taken with proper attention; and no good followed.

Seeing the patient some months afterwards, in no better condition in respect of the pain in the arm, and considerably more depressed in health, I again inquired in the direction of syphilitic poison, when he at once told me of the sore the history of which I have given. I no longer hesitated concerning the case. I ordered five-grain doses of the iodide of potash to be taken three times a day; the dose to be doubled or trebled in strength if the pain did not give way. Under the influence of the doubled dose, the pain disappeared; though the patient, however, retained the "washed-out" look.

In July last I admitted him a patient at this dispensary, with a return of the periostitic symptoms. I ordered, with the same advantageous result, the medicine named in the first few lines of this report. There was then undeniable enlargement of the bone at the *external condyloid ridge*; and the key was thus given to the mystery at the time of my first seeing him in 1853. Doubtless there was then a small node, which irritated the trunk of the nerve before

mentioned, and which gave rise to its generally neuralgic condition.

It is very satisfactory to know that we possess a remedy which will almost without fail remove the nocturnal pain of tertiary periostitis. So far we have reason to congratulate ourselves; but we must not forget, however, that it will not prevent the recurrence of the disease. In employing this drug, we need not be discouraged by its failing to act at once, and in the dose first given. In this country, from three to five grains is the quantity most usually prescribed. Before giving up its use, the dose should be increased to fifteen or twenty grains.

I propose to add other cases before making further remarks on the disease in question.

ORIGINAL COMMUNICATIONS.

PRACTICAL REMARKS ON THE CHARACTER AND TREATMENT OF SERPIGINOUS SYPHILOID AND SYPHILITIC ULCERATION.

By W. S. OKE, M.D., Senior Physician of the Royal South Hants Infirmary.

[Read before the Southampton Medical Society.]

SOME years ago (April 24th, 1844), I published in the *Provincial Medical and Surgical Journal* a paper on the therapeutic power of the iodide of potassium in the cure of some of the secondary syphilides, especially of nodosities and phagedenic ulceration; since which time I have had ample opportunities of confirming its efficacy in the cure of those morbid developments, and also of observing its effects in other forms of syphiloid disease, as well as in secondary syphilitic ulceration.

It might reasonably be inferred that a medicine, which is found to be curative of some of the forms of secondary syphilides, could be depended upon for the cure of all. Such, however, is not the fact; for, strange to say, whilst the therapeutic power of the iodide of potassium is almost miraculous in the cases above mentioned, it will often eventually fail in the serpiginous ulcer, and prove wholly ineffectual in rupia and other eruptive syphilides. It becomes, therefore, interesting to inquire how it happens that the various forms of syphiloid disease, which appear to be the effects of the same morbid cause, do not yield to the same remedy.

That all these morbid developments are primarily derived from a syphilitic root, must, I think, be admitted, from the fact that persons who live correctly are never affected with any of these symptoms. They may have cancerous, lupous, and strumous disease, etc.; but are never affected with syphiloid disease. Hence it may be fairly concluded, that in the last case syphilis had been previously contracted either by the patient or his parents; and the reason why the varied phases of syphiloid disease do not yield to the same remedy is, not because they have not a syphilitic origin more or less remote, but because their morbid actions are of a composite character, different from each other, and therefore requiring a different remedy.

It goes but a very little way to dispose of the question by saying that the difficulty of cure in such cases is caused by complication with struma. Sometimes this is undoubtedly the fact, especially if there be any obvious strumous marks or associations, or proof of hereditary scrofula. This would constitute one set of cases; but there are other cases which cannot be placed under this head, and which must be referred to peculiarities and conditions of the constitution, causing endless varieties of morbid action, which never have been nor can be accurately explained, and which will yield only to those remedies that are more the result of observation than of scientific induction: indeed, the morbid actions of the human body are so varied and mysterious that they cannot be reduced to principles which