held duties with tolerable comfort to herself. The treatment has simply consisted in regulating the bowels and the local application of leeches to the vessels when tender; the topical bleeding invariably affords relief.

REMARKS. I find but few notices of cases similar to the above in surgical works. Mr. Liston, in one of his lectures published in the *Lancet*, after alluding to the above case, about which he was consulted, mentions having tied the carotid artery in a precisely similar case, in which "the vessel gave way ten days afterwards, and the patient died in consequence of secondary hæmorrhage." J. Cloquet, in his *Surgical Pathology*, gives two cases: one a man aged sixty, in whom the disease was confined to the iliac arteries; another, aged fifty, in whom all the arteries were more or less dilated, forming small aneurisms. Breschet relates three cases: and Hasse, in his *Pathology*, after alluding to the preceding cases, says, "I have only once had an opportunity of investigating cirroid aneurism in its full development in the arteries of the head, but have frequently met with traces of it in the iliac arteries."

The above case forces two subjects of interest upon our consideration, viz., the precise pathological condition which accompanies or induces the disease, and the proper remedy to combat it.

With regard to the first point, I am disposed to regard the disease either as the result of inflammation in the external coat of the artery, which obliterates the *vasa vasorum*, and so leads to the destruction or disorganisation of the yellow fibrous coat, or else to a congenital deficiency of this part of the artery.

As to the second point, I fear that surgery can do but little for this disease; ligature of the diseased vessels would probably be followed, as in Mr. Liston's case, by secondary hæmorrhage; and if such were not the case, would possibly not effect a cure in consequence of the frequent anastomoses amongst the vessels. Under these circumstances, I cannot but believe that the right course is to interfere as little as possible with the disease; and I am confirmed in this opinion by the fact that most of the cases recorded have been in elderly persons, and only observed in the dissecting room after death from other causes: that my own patient, at the end of twenty-five years, is still living in tolerable health, and that in a precisely similar case mentioned by Vidus Viduus, Fallopius proposed to operate, and the patient was actually upon the table for the purpose, when, frightened by the violent pulsation of the vessel, Fallopius feared lest his patient should die under the operation, and sent him away; he, however, concludes by saying, "*ille autem cum ejusmodi defectu diu vixit.*"

Clinical Lectures:

DELIVERED IN

GUY'S HOSPITAL, LONDON.

BY

W. W. GULL, M.D., F.R.C.P., Assistant-Physician
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No. II.

ON STRUMOUS LUPUS: AND ON THE USE OF CHLOROFORM IN
THE PASSAGE OF GALL-STONES.

GENTLEMEN,—The first case which offers itself to our notice to-day is one of no little interest and importance in a practical point of view. It is that of a girl with strumous lupus on the cheek. As usual, the disease began about the age of puberty, or rather earlier, and has now continued slowly spreading for eight years. The insidious onset of this malady is one of the points in its history most necessary to press upon your attention. At first it is but a small spongy spot or tubercle, of apparently but little importance, beginning most commonly on the cheek or nose, or it may be on some other part of the surface of the face

or extremities. From this there is a constant tendency to spread. The skin, in the morbid changes which lead to its destruction, becomes vascular, with exudation into its texture, producing the raised tubercular character; upon this follows a slow process of ulceration, ending, at length, where it ends favourably, by producing a reticulated cicatrised surface. Whilst such a reparative process is occurring in one part, the disease quietly extends itself at another, invading and eroding the healthy texture of the skin around, and hence the propriety of its generic name "lupus." In some instances, there are several points or centres from which the ulceration spreads, but more commonly there is but one. Whether one or many, the inroad of the disease upon surrounding parts is by a process of contagion—an infection, as it were, of the healthy skin from that which is diseased. This fact it is which makes it so important to recognise the malady at the earliest stage, and to endeavour, by what means we have, to arrest its progress. These are both local and constitutional. The local means include non-irritating absorbent applications, and also such as, by their caustic action, cut off the diseased from the healthy parts. In the case under consideration, the patch on the cheek was, as you saw, about the size of a shilling, the centre slightly ulcerated, the periphery vascular, raised, and spongy. I determined to destroy this with the chloride of zinc paste. There is no escharotic so harmless, so manageable, and so effectual. With the least care, it may be made to produce an effect with all the precision of the knife. The surrounding healthy skin was covered with melted cerate, leaving a thin line as a boundary to the lupous spot. The chloride of zinc, formed into a paste, with equal quantities of flour, was applied freely round the spongy raised edge, and to the exposed part of healthy skin, and left on for twenty-four hours. The slough separated in three days, and, as you have seen, from the subsequent progress of the case, we may augur favourably as to the arrest of the diseased action. There is no novelty in the plan I have detailed, but I do not know that this is any disparagement of it; on the contrary, it stamps a value on it, to be confirmed by daily experience. The application to the surface after the separation of the slough was the unguentum hydrargyri nitrico-oxydi. Pathologically considered, strumous lupus is a phthisis of the skin, depending, no doubt, for its existence upon a scrofulous diathesis, and hence the internal treatment will include all the means, dietetic or medicinal, which favour nutrition, as good food and good air.* These are the true tonics; and, perhaps, strictly speaking, there are no others. If amongst the class of medicines there be any tonics, iron certainly has the greatest pretensions to be so regarded. Iodide of iron is certainly useful in strumous lupus, but it has not seemed to me to effect so much for us as arsenic. Arsenic is vaguely called a tonic; but for myself I should rather regard it as an alterative. When I said this at the bedside, I was asked by one of you how it could act as an alterative. Now this I can answer only by telling you the conception I have formed to myself of it. Of course, it is but a theoretical conception. For instance, if we for a moment realize the movements of the bodies composing our solar system, and the delicate balance of forces which maintains the equilibrium of the whole, and suppose a power to introduce for a while a new planetary body amongst them, making it traverse the system and then disappear, should we not have an alterative action on all these movements, and on the balance of the forces they represent? Now, comparing small things with great, the atoms of the constituent parts of our bodies make up such a system, the parts of which are nicely balanced for the performance of the mystical cycle of life. It is probable that the atoms of arsenic, moving in with the elements of our food, exert a modifying influence after the manner that an extraneous body would on the solar system; with this difference, that

* We have seen very marked good effects in the practice of Mr. Erickson, from the use of cod-liver oil in conjunction with arsenic in strumous lupus; as well as from the external application of chloride of potash at the Middlesex Hospital in the *clinique* of Mr. Mitchell Henry. K.

in the latter the agency is physical, and depends solely on quantity, whilst in the former the quality of the atoms determines the nature and amount of the change.

Without, therefore, becoming direct constituents of our textures, the atoms which pass through them may have an influence counteracting morbid processes, and favouring the production of healthy structure, and may seem to be tonics when they play the part of alterants only. The subject is, however, scarcely worth insisting on so much, though not superfluous if it serves to keep your minds alive to the agencies at work, for good or for evil, in our textures. In some cases, I have given the arsenic with cod-liver oil, apparently with advantage.

The next case I have to bring before you is one of jaundice, occurring in a woman aged 48 years. The attacks of pain, attended with sickness and followed by jaundice, together with the absence of other causes of derangement or obstruction, indicated the presence of gall-stones, to which women are especially subject. When this woman first came under observation, it was very difficult to determine the absence of organic disease of the liver itself. She is a nervous, susceptible subject, and has paid rather dearly for it, as we may infer from the numerous scars of cupping-glasses and leech-bites which exist over her chest and abdomen. Such treatment has probably but added to her susceptibility. It is in these subjects that we meet with "phantom tumours", as I some time since ventured to call them; and, in examining her abdomen without care, it was easy to make out a great enlargement of the liver, but the delusion was dissipated by patient and gentle manipulation and percussion. But, nervous and susceptible as she is, that alone is not equal to explain her symptoms. Emotions, especially anxiety, do certainly give rise to jaundice, as the most common experience proves. Students preparing for the Hall and College supply instances every year; and I remember a story told of two senior Fellows at Cambridge, who, when the Master of their College died, both became jaundiced in one day, though they would not otherwise have betrayed their anxiety for preferment. How these mental emotions produce jaundice, it is not easy to say very certainly. Some writers have referred it to spasm of the ducts; others, to congestion of the vessels; but I do not think we can leave out of consideration the possibility of a degree of paralysis both of the ducts and vessels. We have, however, now to do rather with the passage of a gall-stone than simple jaundice. Two days after our patient was admitted, she had a return of the pain. There are but few things which cause more suffering than the passage of a gall-stone or an urinary calculus. The old plan of treatment was to give opium, a grain every hour, until the patient obtained ease, but in modern medicine we have better means. In the birth of a gall-stone or an urinary calculus, if I may so call it, chloroform is certainly our best adjuvant; it allays pain without paralysing the muscular action which is needed to get rid of the obstruction. I have generally given it in syrup, in the dose of twenty drops, with as much liquor potassæ; and the immediate effect is often quite wonderful. With this we should not, of course, neglect other means, such as hot fomentations and the like. But the passage of gall-stones is not always an easy matter. There are many ways in which they may trouble us. They may set up ulceration, and escape into the intestine; and thus, being too large to pass, produce all the symptoms of hernia, with fatal obstruction (this I have known in one case); or they may cause ulceration of the ducts and secondary phlebitis of the portal veins, as in another case under my care. There is also another hint I would give you about gall-stones. They may occur in the same subject with urinary calculi, and so give rise to doubts and mistakes. Some few years ago, I was called to see a lady in the City, whom the late Dr. Pereira had attended for symptoms which he referred to renal calculi; but, when I saw her, it was evident she was passing gall-stones, which we obtained, from her evacuations in that and subsequent attacks, to the number of more than twenty. As a renal calculus had never

passed, her friends doubted whether all her former symptoms had not been hepatic. It so happened, however, that in one of her attacks she died; and, on examination, the pelvis of the right kidney was found to contain several large irregular calculi, and the gall-bladder and duct several cholesterine concretions. I mention this to guard you against supposing that every subsequent attack a patient has must be like those that have preceded it, and to show the importance of remembering that two men may differ about a case from seeing it at different times, and so be looking as it were on the two sides of the shield, as the knights in the fable.

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SHALL WE HAVE FEMALE GRADUATES IN MEDICINE?

WE thought Bloomerism was dead, or at least confined to strong minded ladies on the other side of the Atlantic. A circumstance has occurred, however, within these last few days, which convinces us that some of our own fair countrywomen *think* short skirts and trousers, if they use none. An English lady—age not known—has actually knocked at the council-chamber of the Senate of the University of London, and put the question point-blank, "Have you the power to make me a Bachelor of Medicine?" We can fancy the consternation the venerable senators were thrown into by this bold interrogation. Had we more wit, perhaps we could give an "Imaginary Conversation" of the discussion which thereupon ensued—the "dodges" suggested to keep out the point of the wedge—the bland speeches rehearsed in order to turn the lady from the door with all due civility—the very misgivings of some of the councillors, that the innovation of *Female Bachelors* would not be so insupportable after all, muttered in the words of Tennyson's *Princess*—

"Pretty were the sight,
If our old halls could change their sex, and flaunt
With prudes for proctors, dowagers for deans,
And sweet girl graduates in their golden hair."

Whatever may have passed in Council we know not. The Senate, not liking to say the uncivil thing of their own accord to the lady, have taken "the opinion of counsel", and it has gone forth that in London at least the University cannot make a bachelor out of a maid.

Miss White, however, need not despair. A fair countrywoman has already taken the degree of Doctor in the United States, and is now, we understand, in full practice. "How did she obtain it?" all our associates will ask. Did she attend lectures, use the dissecting-knife, sit for months beside the dead body, male as well as female, and witness those awkward demonstrations which sometimes take place in the midst of an admiring crowd of "young sawbones?" How do they manage these things in America? Have they ladies' days and gentlemen's days in Brother Jonathan's