be washed three times a-day with water. About the tenth or twelfth day, according to the state of the eye, the patient wears blue spectacles. The blister must be kept suppurating until all fear of inflammation has subsided.

In some cases the results of the operation are most favorable (12); in others, a temporary displacement of the iris was noticed; in others (6), there was some injection of the conjunctiva, which disappeared in a few days.

Sometimes the result of the case may be rendered doubtful by the appearance of certain unfavorable symptoms. Thus in three cases a yellowish false membrane was formed, in a week or two, at the lower part of the flap, which it pushed forwards; it did not, however, extend, and the wound united by a kind of second intention. The false membrane was finally absorbed, and the cornea recovered its transparency. In one case chemosis and effusion between the layers of the cornea occurred; but these yielded to the application of a second blister to the neck.

In two cases of depression, the lens ascended into its former place, and it was necessary to repeat the operation, which succeeded.

Closure of the pupil, which presented itself in five cases, was successfully treated by frictions with the extract of belladonna over the eyelids, and the pupil recovered very nearly its normal appearance. In one case of depression the pupil was obliterated on both sides.

When the dressings are removed, about the fourth day, it is often easy to see the results of the operation. An unfavorable issue may be expected when the bandage is impregnated with pus, and this is still more to be apprehended if the eyelids are red and swollen. The inflammatory symptoms which occur after the operation of extraction are, generally speaking, much more severe than those following depression, although the results of both are the same. In the former case the superficial parts are more attacked, and inflammation of the cornea sets in; in the latter, the inflammation occupies the iris and deep-seated parts.—*Gazette Med. de Paris*, No. 53.

PRACTICAL OBSERVATIONS

ON

DISEASES OF THE SKIN.

By THOMAS H. BURGESS, M.D., &c.

No. II.

ERUPTIONS OF THE FACE.

The present paper shall be occupied with the history of *acne*, a disease which belongs almost specially to the face; but, before discussing the nature, &c., of this affection, I shall take the opportunity of offering a few incidental remarks on the revolution which has been attempted to be established within the last few years in cutaneous pathology.

The theory of the vegetable origin of certain diseases of the scalp, first propounded by Unger in 1833, has attracted the attention of dermatologists to that subject, and has found several followers, amongst whom I may mention the names of Schönlein, Gruby, Meynier, and Gibert. The disciples of Unger have extended the application of his theory to cutaneous

eruptions of other parts of the body. Thus we find M. Gruby recently announcing the vegetable origin of *mentagra* or *sycosis*; in short, that this disease is a sort of cryptogamic plant. This writer considers the vegetations supposed to exist in *favus* as belonging to the group of *mycodermata*; while Unger is of opinion that the *favi* are analogous to the "exanthemata of plants." The arguments put forward in support of this very important view are by no means satisfactory or conclusive; and even admitting the existence of these vegetable fungi in *favus*, *sycosis*, &c., it is sufficiently evident, from the memoirs of Gruby and Dr. Hughes Bennett, that they are the *result*, and not the *cause*, of these diseases; moreover, it does not appear that they are invariably present in all cases. It seems to me that these said vegetations are mere *moulds* consecutive of the elementary disease, and not the disease itself. Mr. Erichsen, in his excellent treatise on diseases of the scalp, also rejects this view, and advances it as his opinion that the elementary lesion of *favus* is *tubercle*. When treating of diseases of the scalp, I shall enter fully into this interesting subject.

While M. Gruby and others are advocating the *vegetable* origin of certain cutaneous diseases, a new theory is advanced by M. Héreau, after thirty years' experience in the treatment of skin affections, who argues that all those eruptions of the skin known under the name of *dartres*, *teignes*, &c., are produced by *animalculi*, which are developed in the skin, and that these diseases can be cured by destroying the parasites with local applications, as in the case of scabies. M. Héreau presented a memoir to the French Academy during the past summer, in which he produces an imposing array of cases illustrative of his peculiar views, but failed to produce the insect. For example, out of 280 cases of *eczema*, he states that 88 cases of the acute form of that eruption were cured within twelve days, and 192 cases of chronic *eczema* within forty days, without *general* treatment, and simply by means of baths, lotions of warm water, lotions or ablutions with a solution of the deutochloruret of mercury, or by frictions on the diseased surfaces with a preparation composed of sulphur, sulphate of mercury, essence of lavender, and common soap, which he calls *dermaphile*. *Mentagra*, or *sycosis*, has also given way under similar treatment; and in 108 cases of cure, 69 were effected in ten days, and 39 in five days only. In 1,300 cases of *impetigo*, 700 were cured in nineteen days, 380 in eight days, and 220 in three days, by the local remedies above mentioned. Even *porrigo* has not been proof against the "dermaphile," for M. Héreau states that out of 287 cases of cure, 180 were effected in less than nine days by this and the other topical applications mentioned, and 107 in the course of nineteen days, *without any relapse*. In 120 cases of *herpes* of the face and other parts, a cure was effected "almost instantaneously" by simple local applications with the solution of the deutochloruret of mercury. M. Héreau seems to have a most extensive practice, and the immense mass of cases which he furnishes invests his theory with a certain degree of importance, which otherwise would not attach to it. There is something suspicious in the universal success of a plan of treatment in his hands, which has so often failed with others.

M. Baumès, of Lyons, and M. Devergie, of Paris, have, during the past year, each in a different way to the other, endeavoured to arrange the various diseases of the skin, according to a more philosophical plan, and more in accordance with the laws of medical science than had hitherto been done; but these attempts, however meritorious, merely furnish additional proofs of the futility of endeavouring to establish a lasting classification on any other basis than that of the anatomical seat of the diseases themselves, and the anatomy of the skin must be better understood than it is at present, before precise distinctions can be laid down. Indeed, M. Baumès admits the impossibility of arranging all cutaneous eruptions on the principles of his new classification—thus we find at the end of each order, several diseases described apart which did not exactly come under the category. I shall, however, have occasion at a future period to recur to this subject again, when I may take the opportunity of laying before the reader some of the principal views advanced by M. Baumès in his very elaborate work.* Of all the classifications that have yet appeared, that of M. Cazenave is decidedly the best; I admit that it is not altogether free from fault, but the faults it contains are inherent in the nature of the subject and are beyond the author's control; and the clearness and simplicity of its construction more than counterbalances its defects. Indeed it is as perfect as any artificial classification can be, and the researches of MM. Baumès and Devergie bear testimony to the correctness of this opinion, for both these writers have to a certain extent taken advantage of M. Cazenave's views in the construction of their classifications.

Acne.—To this disease belong all those eruptions of the face characterised by pimples, with or without a red areola. These cuticular elevations are mingled with black spots, and are sometimes accompanied by a hypertrophied condition of the skin. They vary considerably in volume as well as in degree of prominence. They frequently leave indelible cicatrices in the skin, and always disfigure the face considerably. Acne occurs most frequently on the temples, cheeks, nose, forehead, and on the back and chest, neck and shoulders. When it appears on the last-mentioned parts, it seldom attacks the face; and, on the other hand, when the eruption appears on the face, the back and chest are rarely attacked. Both sexes are equally subject to it, and it is much more severe in young subjects than in those of more advanced years.

Much difference of opinion prevails regarding the elementary nature of this disease. Willan and Bate-man considered it to be a tubercular affection, evidently mistaking a consecutive for an elementary lesion. Bielt and Cazenave regard it as a pustular disease, having its seat in the sebaceous follicles of the skin, and the result of inflammation of these follicles. M. Baumès is of opinion that it is neither a pustular, nor a papular, or tubercular affection, properly so called. He considers it to be a "complex eruption," exhibiting an union of two different elementary lesions, as, for example, a *papule*, or *tubercle*, and a *pustule*. M. Devergie agrees with Bielt and

Cazenave as to the pustular nature of this disease, which he considers to be the result of inflammation, or of hypersecretion of the sebaceous follicles. But M. Cazenave also admits that the eruption assumes a tuberculous appearance at certain stages of its course, although tubercle is not its elementary lesion.

There are several varieties of acne resulting from a variation in degree of its pathological element; for example, the disease may originate in follicular inflammation, or it may assume from the first simply a pustular appearance. Again, it may be the result of hypersecretion of the follicular glands, without inflammation, in the event of which the follicles become enlarged, the sebaceous fluid thickens, turns black, and forms those dark spots which are seen scattered over the face. It is only when the inflammation extends to the cellular tissue that the disease assumes that hypertrophied appearance which has been mistaken for its elementary character, and has given rise to the error of classing it with the *tubercular* eruptions.

Acne Simplex.—The mildest variety of this affection is characterised by the evolution of a number of prominent points scattered over the nose, the forehead, and the cheeks, which finally become pustular, the result simply of slight enlargement of the follicles unattended by either heat or pain. The progress of the pustules is not very rapid; towards the end of the second week they point, burst, and the effused fluid dries into a thin scab. At the period of suppuration a slight degree of pruritus sometimes supervenes, which disappears, however, as soon as the pustules burst. The latter may or may not be surrounded with a red areola. Their base is slightly indurated, and they usually terminate in a small white cicatrix of an oval or linear form.

Acne Rosacea, which is described separately by most of the French writers under the name of "*couperose*," is a much more severe and painful affection than the foregoing. This disease occurs most frequently in persons of mature years, and especially in females, producing much disfiguration of the face. It usually appears in the form of a number of red points on the nose and cheeks; these points are accompanied by a sensation of heat and tension, which gradually increases under the influence of certain kinds of food, and of vinous and spirituous drinks. Pustules soon form at the summit of these morbid eminences. The parts affected become the seat of a species of chronic inflammation, the skin is swollen and injected, and assumes a violet tint. The superficial veins are often dilated and varicose, and when all these morbid alterations are present at the same time, they impart to the countenance an extremely disagreeable and repulsive appearance. The disease may assume a still severer form than this. The inflammation extends more deeply into the cutaneous tissue. The pimples are more numerous. The pustules are frequently renewed. The process of suppuration is imperfectly performed, and the prolonged inflammatory action produces a degree of induration in the sebaceous follicles, forming true cutaneous tubercles. The cellular tissue now becomes involved, and the variety called *acne indurata* is the result. The pustular pimples are sometimes of considerable size and of a violet red color. Their base is broad and hard, and they assume

* Nouvelle Dermatologie, ou Précis Théorique et Pratique sur les Maladies de la Peau, Fondé sur une Nouvelle Classification Médicale, &c. Par M. Baumès. Paris, 1842. 2 vols, pp. 1200.

an indolent character. M. Cazenave describes a remarkably intense variety of acne, in which the face is studded over with livid red tubercles, mingled with pustules, both in the incipient and suppurative stages; they are most abundant along the border of the lower jaw, at the inner aspect of the face, and on the nose. The features are completely changed and deformed by the tumefaction of the skin, and the pustules leave a violet tint behind, and a depression which is never removed.

Acne punctata, and another variety first described by Bielt, which he called *acne sebacea*, still remain for our consideration. Both are the result of follicular hypersecretion, of different degrees. The former is characterised by a number of small black spots on the cheeks, especially on the ala of the nose, which can be felt by pressing the finger gently over the parts. It has been recently announced by a German microscopical observer, that animalculi exist in the black indurations of *acne punctata*. M. Devergie and others deny this statement.

Acne sebacea is the result of hypersecretion of the sebaceous follicles, as just mentioned, produced by inflammation. It commences with a slight degree of irritation, unaccompanied, however, by any alteration from the natural color of the skin. The diseased surface assumes an oily, smooth appearance, and the hypersecretion increasing with the local irritation, a kind of squamous concretion is formed, soft, and slightly adherent at first, but subsequently becoming more firm, and exciting a certain degree of pain when removed by the finger. This concretion falls off spontaneously if a copious perspiration is induced, but it always leaves behind a red inflamed surface. It sometimes remains for several months, especially on the nose, and this morbid product then assumes a blackish appearance, which has often led to mistakes with regard to the nature and origin of the disease.

Such are the principal varieties of acne, one of the most important eruptions of the face, and in whatever form it appears, it is generally a severe and obstinate complaint. Acne depends for its existence upon a variety of causes, and it may be stated in a general way that the different forms it assumes depend a good deal on the period of life at which it attacks an individual, on certain peculiarities of constitution, and on the general state of health of the individual. For example, *acne simplex* and *acne punctata* almost invariably affect young and healthy persons; *acne indurata* and *acne sebacea* on the other hand, attack individuals more advanced in life; while *acne rosacea* (copper nose) attacks persons still more advanced in years, and especially females at the critical period. It is also worthy of remark, that when acne occurs in youth it generally appears in individuals of a sanguineous temperament, whilst it usually attacks persons of a bilious habit when it occurs late in life.

As a general rule, acne attacks females more frequently than males, and this peculiarity is intimately associated with the condition of the uterine functions. For example, it is by no means uncommon to see *acne simplex* in young girls at the period of the first menstruation; and I have already stated that *acne rosacea* commonly attacks females at the turn of life. Moreover, when the menses are suppressed between those periods, one or other of the varieties now mentioned is

developed, the particular variety that shall appear depending on the age of the patient. *Acne rosacea* may also depend on other causes, as, for instance, gastric or hepatic derangement, high living, abuse of ardent spirits, cold and damp situations, violent mental emotions, the use of cosmetics, and of irritating and astringent lotions. Acne may also be hereditary, and it is often transmitted through several generations. When this predisposition exists, the slightest exciting cause will produce the eruption.

The eruptions of the face with which acne is liable to be confounded are lichen agrius, ecthyma, the syphilides, and lupus in an early stage. For the diagnostic characters of the first of those diseases, I refer the reader to my former paper. Ecthyma can hardly for a moment be mistaken for acne. When it appears on the face, it is always in the form of an eruption of large superficial pustules, terminating in scabs of more or less density, but never in the chronic indurations peculiar to acne. The pustules of the latter affection, it will be remembered, are small, slowly developed, and rest on a hard base. When lupus first makes its appearance, in the form of small cuticular indurations scattered upon the nose and cheeks, it is liable to be mistaken for acne; but the latter is characterised by pustules, which are never present in lupus; and these pustules are surrounded by an erythematous tint. In short, tubercle is the elementary lesion of lupus, and it is always larger than the lesion of acne, even in its incipient stage; besides it is accompanied by considerable subcutaneous tumefaction. When acne assumes the tubercular appearance it is liable to be confounded with syphilitic tubercle, especially that form which occurs on the face. However, even in such cases there are well-defined distinctions between these two very different diseases. For example, the syphilitic tubercle is larger, rounded, shining, and of a coppery color; it appears most frequently upon the wings of the nose, and at the commissures of the lips, whilst the indurations of acne are more pointed, and of a livid color. The same general characters will also distinguish the syphilitic from the follicular pustule of acne; the latter, it will be remembered, repose on a hard, inflamed base; they are developed successively in groups of five or six at a time, and are accompanied by a greater or less degree of hypersecretion of the sebaceous glands, which imparts to the skin a smooth oily appearance. The syphilitic pustules, on the other hand, are developed in greater number, are not so pointed, and are further distinguished by a peculiar tint which belongs specially to the syphilitic eruption; lastly, the cicatrices of the latter disease are depressed and rounded, whilst those of the former are oblong and prominent.

Acne is not a dangerous disease, but its repulsive appearance, the exposed parts it occupies, and its obstinate and frequently rebellious character, invest it with a degree of importance and interest, which would not perhaps attach to it if it occurred on any other region of the body. To females, especially, its existence is a source of absolute misery; and the amount of evil arising from the disease itself is insignificant when compared with the mental anxiety it occasions in this class of patients. The duration of this disease will vary according to the age of the patient and of the eruption itself, and according to the particular variety present.

Treatment.—Although the different varieties of acne are but so many forms of the same disease, still the treatment should vary according to the variety present, and the cause which produces and keeps it up. Unless the causes on which it depends are understood and taken into account, the treatment will be of little avail. When the simple form of the disease is present, and the patient is young and vigorous, M. Biett generally adopted the following treatment, and with success:—Venesection, the frequent application of leeches behind the ears, simple baths, emollient lotions, and an occasional mild aperient. When the inflammation has subsided, or in cases where there is not much local irritation, a gently stimulant lotion, composed of rose-water, lavender, sage, and a small quantity of alcohol, will be found very serviceable. M. Biett was in the habit of using Gowland's lotion, or one very similar to it, the "*eau rouge*" of St. Louis. I have seen obstinate cases of *acne punctata*, which had resisted every other treatment, cured by the application of blisters to the parts. When the disease occurs in females at the critical period, or when the menses are suppressed, leeches should be applied to the groin and vulva; the warm vapor bath and tepid emollient lotions should also be directed to those parts, and the patient should sit over a vessel containing water at a high temperature several times during the day. In *acne indurata*, venesection and mild purgatives, especially if there is inflammation present, and if the patient is of a plethoric habit, will be the most appropriate remedies. The only ointment that can be employed with benefit is one composed of the ioduret of sulphur and lard. The proto-ioduret of mercury ointment, however, has sometimes been recommended.

The Harrogate waters, used *externally*, in the form of lotions, baths, and douches, will also prove serviceable. The vapor douche, applied to the diseased parts for ten or twelve minutes at a time, provided there is no inflammation present, will be found to be the most efficacious remedy in this variety of the disease.

Acne rosacea will require local bleeding at the commencement, and strict hygienic measures. The exciting causes should be carefully avoided—as, for example, high living, spiced food, wine and spirits, mental excitement, heated apartments, sitting near stoves or fires, &c. The vapor douche, and some discutient ointment, if the tubercles are indolent, will be very useful. The red stains which remain on the skin after the disease has subsided, and which disfigure the face so much, require our best attention. Warm milk, mucilage of quince seeds, and local applications of a similar nature, but especially cold sulphureous waters, as those of Harrogate, employed in the form of douche, will be attended with most benefit. The treatment ought to be continued even after the eruption has disappeared, for it is subject to relapse, and it is obvious that in a disease of such a rebellious character, the strictest rules with regard to diet should be enforced, and, above all, spirituous liquors, wines, &c., should be prohibited, and abstained from altogether.

29, Margaret-street, Cavendish-square,
January 10, 1843.

TWO CASES OF HYDROPHOBIA,

WITH REMARKS ON THE PATHOLOGY AND TREATMENT
OF THAT DISEASE.

By WM. JACKSON, Esq., Sheffield.

[Read before the Sheffield Medical Society, Dec. 29, 1842.]

CASE I.—Thomas Thorpe was the subject of the first case; his age was seventy; he was of rather spare habit; he had spent the middle period of life in the army, and, whether from that circumstance, or from original tendency, exhibited the character of a man of great firmness of mind, in illustration of which fact he observed, with great animation, during the progress of this terrible malady, that he had never turned his back to an enemy, at the same time seeming to imply that he would struggle hard to overcome the fearful antagonist against which he was then engaged in mortal combat. Thorpe followed the occupation of a laboring man; had been married, and had several children. Two of his brothers and a sister committed suicide; but he had never exhibited any tendency to destroy himself, and his health had been good throughout life. Thorpe resided in the village of Maltby, about twelve miles from this town, and it was at that place where he was bit by a farmer's dog, used for driving sheep, during the last week in August. The wound was inflicted upon the right eyebrow, was small, not lacerated, but deep, and bled slightly; he washed it well with rum, and took but little more notice of it, the healing process being completed in about a week. The same dog bit a boy three days afterwards; and after that a man, and several dogs; and appearing to be laboring under illness was confined, and soon afterwards died, evidently in a rabid state.

Without having complained of indisposition in any marked way, Thorpe was disturbed from his sleep in the middle of the night, between twelve and one (4th and 5th October), and feeling thirsty, called for some water, which he attempted to drink, but found great difficulty in swallowing it, and his subsequent efforts at deglutition of fluids became more and more distressing to him; his mind was put into considerable perturbation; he slept no more that night, nor did he sleep at all during the short period he was doomed to live. Fancying he could get some relief at Sheffield, early in the morning he proceeded thither, where one of his daughters resided, and immediately applied for medical assistance. Mr. Booth, surgeon, of this place, first visited him, and, finding what he had to contend with, soon consulted some of his brethren in the profession, amongst whom was the author of these remarks. During the 5th the general symptoms characteristic of hydrophobia had become established—viz., the dread and difficulty of swallowing fluids, although the former was not so striking as the latter, probably owing to the courageous feeling of the patient; he was not so soon excited by currents of air, or beholding bright substances, &c., as some afflicted by this disease are represented to have been; yet he complained of the agitation of the air disturbing his respiration, and occasioning a very distressing sense of suffocation. He felt a sense of considerable exhaustion from his first seizure, and staggered when walking across the bedroom; his pulse was from