

a thin strip of India-rubber (Ozanam), or a thin plate of silver (Finch), should be carefully worked with the back of a small knife-blade, or the head of a large needle, in *between the flesh and the nail*, to be left there. Adhesive plaster may be put on, so as to draw the flesh *away* from the nail, which is first trimmed closely and smoothly at its edge. Then *paint the parts thickly with collodion*. This makes an artificial cuticle; the cure will generally be rapid and complete, unless in malignant disease of the matrix of the nail itself. I do not think that the nail need ever be removed for simple onychia. In *onychia maligna*, MacCormac's treatment, by dusting the part with powdered nitrate of lead, has met with much favor.

Corns (clavus) require, in treatment, to be relieved of direct pressure. If inflamed, poultices, cold cream, or lime-water and oil may be required to remove irritation and tenderness. Then the callous portion should be carefully pared away. Cut a hole of the size of the corn in a round piece of adhesive plaster; place this over the corn, and, upon it, one or two thicknesses more of the same plaster. This will usually protect it so that a shoe can be worn. Another method of treatment is to drop upon the corn every night a drop of pure tincture of chloride of iron.

CARBUNCLE.

Synonym.—*Anthrax*. Though approaching or passing the bounds of surgery, the same reasons will excuse a word about this affection also. The causes of it, as well as of *furunculus* or boil, are undetermined. Boils and carbuncles are positive *opprobria medicinae*; no one knows how to prevent them or to stop their continued recurrence. I have known ten or twenty boils or carbuncles to follow each other, in spite of purgatives, low diet, strong diet, tonics, refrigerants, alteratives, and even the sulphites, all tried in turn. Bullar and Watson report excellent effects from the use of dilute sulphuric acid, in arresting a tendency to these affections. S. Ringer eulogizes, for the same purpose, the sulphides of sodium, potassium, and calcium. Dr. Simon, of Lorraine, strongly commends the local application of *spirits of camphor*, as soon as a boil or carbuncle is threatened. The addition of one-fourth as much carbolic acid will probably render this remedy more effectual.¹

Carbuncle is a subcutaneous phlegmonous inflammation, more extensive than a boil, and attended by a larger sloughing of connective tissue under the skin; with much more pain and constitutional disturbance. It may even threaten life; especially when it occurs on the face. The swelling is round, and flattened on its elevated surface. Redness may exist for some distance beyond it.

In the **treatment** of carbuncle, besides emollient poultices or warm water dressing under oiled silk, almost all surgeons agree that, at an early period, the tense skin must be divided or removed, to allow the extrusion of the slough and detained pus. Many

¹ Dr. H. G. Landis, of Ohio (*Philada. Med. Times*, March 8, 1873), asserts, on the basis of observation, a temporary *excess of leucocytes* in the blood in those suffering from boils; suppuration relieving this excess.

make a *crucial* incision, quite across the tumor each way. Velpeau preferred a *radiated* incision; from the centre in several directions, extending a little beyond the circumference of the tumor. Bryant and others have recently deprecated this practice of extended incisions. Probably no method is better than to congeal the part with Richardson's or some other spray-producer, with rhigolene or ether, and apply *caustic potassa* freely, until the whole top of the carbuncle is deeply blackened. Poultices, etc., will of course be afterwards required. Paget¹ reports only 4 deaths in about 200 cases of carbuncle, treated *without* incisions, upon general principles, with poultices, good, but not too stimulating diet, quinine, opium, and pure air. He objects to the large use of stimulants in this affection, as well as to confinement in close rooms. O'Ferrall's treatment by *concentric pressure* by adhesive straps has now the advocacy of some good surgeons.² Dr. J. C. Nott³ has produced good cures by painting the carbuncle with pure *carbolic acid*. Generally the patient requires to be supported by good diet, and, perhaps, tonics.

ADDISON'S DISEASE.

Synonym.—*Melasma Supra-renalis*. Hardly any clinical association of morbid changes is more obscure in its pathology than this. It occurs mostly in young adults, and twice as often in males as in females. A bronze-like discoloration of the skin comes on gradually, preceded and accompanied by symptoms of anæmia and debility (muscular weakness, feebleness of the heart's impulse and pulse at the wrist, short breath upon exercise, impaired digestion, vomiting, sometimes dimness of vision); after lasting from less than one year to four or five years, death occurs, and the only characteristic lesions are found to affect the suprarenal capsules. Dr. Wilks has been almost as prominent as the late Dr. Addison in the study of this disease. Dr. Greenhow has written an excellent monograph (Lectures) upon it.

It is manifestly a *cachexia*. Probably both the supra-renal capsular disease and the affection of the skin (olive-greenish darkening, mulatto-like, or like bronze without the gloss) depend upon the constitutional state. Perhaps caries of the vertebræ (scrofulous), which has been sometimes observed, may, by involving the *ganglia* in disease, thus produce the complex errors of nutrition, superficial and general. Dr. Wilks describes the appearances of the supra-renal capsule as resembling those of scrofulous lymphatic glands; a lardaceous material being deposited, which afterwards softens into a putty-like mass (grayish translucent material with yellow cheesy nodules), or undergoes drying into a chalky concretion. Dr. Austin Flint⁴ considers it probable that degenerative disease of the *gastric and intestinal tubules* is the cause of the anæmia so prominent in this affection. The disease is fatal always, at last. Its average duration is about 15 months. The termination is usually gradual, though sometimes by diarrhoea, convulsions,

¹ *Lancet*, Jan. 16, 1869.

² *Am. Journal of Med. Sciences*, July, 1870, p. 277.

³ *New York Medical Journal*, Jan. 1871.

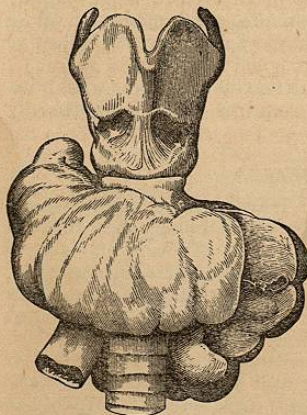
⁴ *Ibid.*, March, 1871.

or coma. Besides hygienic management, and perhaps iron or other tonics, little treatment is recommended for it. Dr. Greenhow asserts decided advantage to have followed the use of a combination of glycerin, in two drachm doses, with fifteen or twenty minims each of spirit of chloroform and tincture of chloride of iron.

GOITRE.

Synonym.—*Bronchocele*. In low and narrow valleys of the Alps, Andes, Himalayas, or other mountains, but especially often in

Fig. 91.



Bronchocele.

Switzerland, whole families and village populations are affected with (congenital or early) enlargement of the thyroid gland, which sometimes becomes enormous. A stranger, upon a residence for a few months in one of the same localities, may be likewise affected; and, after leaving it for a high and open salubrious country, may recover from it. Associated often, but not always, with this affection of the neck, is **cretinism**; a condition of bodily and mental weakness, stunting, and deformity, most lamentable.

Occasionally, in any locality, a case of goitre or enlargement of the thyroid gland to a slight or moderate degree may be met with. I do not remember to have seen more than a dozen cases of it in Philadelphia; none of them severe.

Michaud (*Gazette Médicale*, Jan. 10 and Feb. 7, 1874) states that goitre has been several times *epidemic* in the French army, while the men were making forced marches with insufficient diet in a mountainous country.

Causes of goitre, among the mountains, are believed to be, 1. Excess of mineral matter, especially magnesia, iron, copper, lead, baryta, and lime, in the drinking-water; 2. Dampness and deficiency of light; 3. Other unfavorable hygienic conditions; among them, frequent intermarriage of near relations in a stationary population.

In the **treatment** of goitre, *iodine* has had the reputation of a specific. It is not, however, infallible. Dr. Guggenbuhl many years since proved that the best management for goitrous and cretin children is to remove them from their valley and village homes, to high, airy, and light situations, and there to give them good food, exercise, and other appliances of a health-producing regimen.

¹ Dr. J. St. Lager asserts, after careful geological exploration, that the soil where goitre prevails always contains iron pyrites; frequently also copper pyrites, galena, and baryta.

Dr. Warren Greene¹ reports the successful *excision* of the enlarged thyroid gland, in three cases. Desault first performed this operation with success; Gooch and Dupuytren failed with it; Hedenus of Dresden succeeded with it in six cases.² It is certainly an operation of much seriousness, to be thought of only in cases of great and troublesome enlargement. Lücke,³ of Berne, asserts success with injections of tincture of iodine into the tumor.

DISEASES OF THE SKIN.

While much has been done within a few years, especially in Germany, to increase our knowledge of the true pathology and relations of cutaneous diseases, no such *perfection* of classification has yet been reached, as to do away with the practical advantage of the old method of describing them according to their more obvious characters.

As a clinical classification of cutaneous disorders, most convenient both for description and treatment, I prefer the following:—

Exanthemata.	Pustulæ.	Tubercula.
Papulæ.	Squamæ.	Hæmorrhagiæ.
Vesiculæ.	Maculæ.	Neuroses.
Bullæ.	Hypertrophiciæ.	Parasiticæ.
	Syphilida.	

EXANTHEMATATA.

In these there is active congestion, or hyperæmia, of the "derma," or true skin. Besides scarlatina, measles, and erysipelas, already considered, this order contains *erythema*, *urticaria*, and *roseola*.

Erythema.—Superficial, circumscribed red patches, of variable shape and size, on the face, trunk, or limbs, not painful, nor very sore, characterize this. Its causes are, all moderate but continued irritants to the skin. Its duration is generally but for a few days or a week or two. No fever attends it; nor is it either contagious or dangerous.

Varieties⁴ of erythema are *erythema fugax*, or fleeting; *erythema intertrigo*, from friction of two surfaces of the skin, as in not well-cleaned children; *erythema rheumatica*, occurring now and then in rheumatic fever; *erythema pernio*, or unabraded chilblain; *erythema nodosum*, on the legs, with rounded nodelike prominent red patches, somewhat more inflamed than in the other forms; and *erythema tumescens*, with a more diffused inflammation of the subcutaneous connective tissue.

Treatment of erythema must depend upon its cause more than upon its particular form. The stomach and bowels may need attention, with the use of antacids and laxatives; especially magnesia and rhubarb or Rochelle salts, or the citrate of magnesium.

Local applications may be, finely-powdered starch or arrowroot,

¹ Am. Journal of Med. Sciences, Jan. 1871, p. 80.

² Copland, Dictionary of Medicine, Art. *Bronchocele*.

³ Lancet, Jan. 2, 1869. M. Mackenzie injects solution of perchloride of iron.

⁴ Here, as in other affections of the skin, only the *principal* varieties are named. Wilson makes sixteen varieties of erythema.