

Obstinate cases justify more decided alterative treatment; as, the application, by a cotton tip upon a knitting needle, of a solution of corrosive sublimate, two to five grains to the ounce of water or alcohol, washing it off in a few moments; or, similarly, of pure Goulard's extract (liq. subacetat.) of lead, followed by spermaceti ointment, cold cream, or glycerin and rose-water. Iodide of sulphur ointment (gr. xv to xxx in  $\frac{3}{4}$  of lard) is also much praised. In *acne indurata*, when very ugly, acid nitrate of mercury (mercury and nitric acid each an ounce) has been applied, and, sometimes, blistering the face with cantharidal collodion. Dr. Caro, of New York, prefers *burning* the parts by concentrating the sun's rays upon them by means of a lens.

**Molluscum.**—**Acute Molluscum** is considered by many to be a somewhat *contagious* tuberculous eruption. The small tumors form without inflammation, increasing slowly, till they have almost the size and form of a currant, but without color, and nearly flat-based or sessile. They last from three to six months, either ulcerating finally and then shrinking away, or inflaming and sloughing off, leaving a pit or mark. Several crops of tubercles may succeed each other on the face and neck, in either adults or children, but especially in the latter.

**Chronic molluscum** is of still longer duration; is not contagious, and the tumors are *pedunculated*, *i. e.*, each has a stem, in many cases at least; they also become larger, and occur over different parts of the body. Neither form of molluscum is common. It is proper to add that some authorities do not admit the contagiousness of the acute variety. Balmanno Squire has asserted the discovery of *parasitic spores* in the sebaceous matter of the tumors.

**Treatment** of acute molluscum seems not to be to any great extent available. In chronic molluscum the tumors may be cut off at the peduncle, the divided point being then touched with lunar caustic.

**Lupus.**—*L. exedens* and non-*exedens*,<sup>1</sup> or *l. superficialis*, *serpiginosus*, and *devorans* (Neligan). *Lupus superficialis* is a rare disease, in which, most often on the cheek, a small, soft, slow-growing tubercle appears, which in time scabs, and ulcerates superficially, the scab and ulcer spreading for an indefinite time, and leaving behind them a permanent whitish seam or scar. Irritation may make the tubercle very painful, and deepen the ulcer. It may last for years.

*Lupus serpiginosus* exhibits one or more livid, red, indolent tumors on the face, head, or elsewhere, sore, heated, and itching. In the course of months they become filled with pus, and suffer an undermining ulceration, which finally becomes an open, unhealthy-looking sore, forming upon it a hard, brown scab. Creeping from the edge of its original seat, in irregular rings, the disease extends, leaving behind it a depressed cicatrix. The same part may be again reached by its meandering progress. This is a very chronic affection, even of years' duration, without injuring the general health.

<sup>1</sup> It is urged by Jonathan Hutchinson, of London Hospital, that this distinction is of no importance in classification, as the difference depends mainly on the part of the body affected. London Hospital Reports, vol. iv.

*Lupus exedens* or *devorans* (*noli me tangere*, or *rodent ulcer*) is characterized by continuous destructive ulceration of the skin, subcutaneous connective tissue, muscles, and other parts, at length involving even bones; all following tubercles "rounded and dusky red," on the nose, cheek, eyelid, etc. An ichorous discharge belongs to it; cicatrization follows it, sometimes (as in the previous form) to be again attacked.

Young persons, from ten to thirty, are especially liable to lupus. Its progress is generally an affair of years, and it causes less suffering than its appearance would lead us to expect. Scrofula certainly, and probably syphilis, predisposes to it. It is very difficult to cure; sometimes, at least, incurable. The obvious alliance with cancer has induced some authorities to place lupus in a class of affections called *canceroid*. It differs from cancer, however, in not involving the glands, nor contaminating the general system. Lupus is a comparatively rare disease.

Iodine (as in Lugol's solution), cod-liver oil, and iron, internally, are commonly indicated in the treatment of lupus, especially the *exedens*. Fowler's or Donovan's solution may also, or each in its turn, be cautiously given. Chlorate of potassium has been suggested; I do not know of its trial. Sea-bathing is likely to assist in the treatment.

Locally, the animal oil of Dippel (made by dry distillation of hartshorn shavings) has a reputation in Europe for lupus superficialis as well as for *l. devorans*. So have dilute solutions of chloride of zinc, nitrate of silver, nitric acid, etc. In the superficial variety, *collodion*, softened perhaps by adding  $\frac{1}{5}$ th of glycerin, may be painted lightly over the ulceration, every day or every few days.

Excision is sometimes practised for the exedent form, to prevent disfigurement; but the success of the operation is uncertain. So is that of strong caustics. Among these, nitrate of silver is preferred by most surgeons. Acetate of zinc, used solid for touching the ulcer, and applied every day or two, was much recommended by Neligan. He used also a lotion of the same salt, from three to five grains to an ounce of distilled water. Broadbent's treatment for cancer, by injection of *acetic acid*, might be worth a fair trial in lupus. Its theory is very plausible. Hebra treats lupus by local caustics. Carbolic acid, locally applied, is worthy of trial in this disease.

**Elephantiasis Græcorum.**—Called by this name among the Greeks, probably because, as the elephant is a great and powerful animal, so is this a formidable disease. It was probably the leprosy of Europe in the middle ages; for whose treatment many hospitals were built, and an order of Christian knighthood (of St. Lazarus) was established. It was most prevalent in France and England in the thirteenth century, and somewhat later in Germany; and rapidly diminished during the fourteenth century.<sup>1</sup>

It is characterized by many round tumors, from the size of a pea to that of an orange, livid, purple, yellowish or brownish, and soft; on the face and other parts of the body. The skin around

<sup>1</sup> Liveing; Gulstonian Lectures, Lancet, March 22, 1873.



them thickens irregularly, giving a repulsive aspect. Ulceration occurs, deepening even to the bones; all the organic functions suffer, and finally the mental faculties become enfeebled; diarrhoea, and perhaps tetanus, precede death. It is hereditary, but probably not contagious.

This disease is possibly identical with the *spedalsked* of Norway, already named. Wilson believes it to correspond with the leprosy of the Hebrews. Allied to it are *radesyge* of Norway, the *morphie* of Brazil, *frambœsia* (raspberry disease), *sibbens* of Scotland, and *Aleppo evil* (button of Aleppo); perhaps also the *ngerengere* of New Zealand. *Pellagra* of Lombardy, Spain, and France, is described by some as having a certain resemblance to it; but tumors do not belong to this disease; in which, with a general cachexia, the skin becomes discolored and somewhat thickened, with arrest of its normal functional action.

**Treatment** of elephantiasis and its allies must be upon the principles laid down for other serious cutaneous affections; viz., to endeavor to *restore the balance of the general functions*, whatever may be wrong; whether that be by tonics, refrigerants, or purgatives, or other remedies acting upon the secretions; also improving the nutrition and repair of the skin, by local and general alteratives. I am not acquainted with any *specific* remedy for either of the forms of disease just named. Carnochan reports a cure of elephantiasis Græcorum by the ligation of an artery (the carotid).

**Keloid.**—(*Kelis, Kelois, Cheloid, Sclerema.*) This is very rare. I saw one case of it, in a medical college *ambulatorium*, in 1860. Wilson, a few years since, stated that but twenty-four cases of it were upon record; more have been reported upon since. An irregular, cicatrix-like, smooth, reddish and whitish, corrugated excrescence, painful, with a stinging sensation, sometimes, but not always; nearly in every case forming upon the front of the chest; slow in growth, not ulcerating, and not tender to the touch. It is not unfrequently spontaneously removed by absorption; but has not been shown to be amenable to treatment. Rayer advises constant firm compression.

#### HEMORRHAGIÆ.

**Purpura** is the only affection of the skin belonging under this head. On parts, or often the whole, of the body, appear round red spots, which become gradually of a dark purple color; and then pass as bruise-marks do, through green and yellow, till they disappear. They are extravasations of blood into or upon the true skin, from its capillary vessels. The duration of each spot is about a week or ten days. Feverishness may precede, and prostration may accompany purpura. In bad cases, hemorrhages may take place from the mucous membranes, as of the mouth, stomach, bowels, bladder, vagina, etc.; producing sometimes even a fatal result.

Purpura is by some improperly confounded with scurvy. Although extravasation of blood occurs in scorbutus, it also may happen quite independently of it. Deficiency of fresh vegetable food is not at all necessary to engender purpura; the causation

and pathology of which, clinical experience and chemical investigation have both failed to show.

**Treatment.**—Although some assert plethora to be, as often as hydræmia (anæmia), antecedent to purpura, my own experience goes with the ordinary view, that rather a tonic than a depletory treatment is generally called for in it. Excessive stimulation, it is true, will aggravate its symptoms. Mineral acids, as elixir of vitriol, and Huxham's tincture of bark, or quinine, etc., are much given. Oil of turpentine is also recommended. Neligan prescribed it in large doses; even an *ounce* at once, with mucilage and an aromatic. This is beyond my degree of confidence in it; but it is said that it generally acts safely as a cathartic in such doses. Ammonio-ferric alum, tincture of chloride of iron, tannic and gallic acids, etc., are used as styptic medicines in some cases. Sponging the body with alum and brandy or whisky and water, at such temperature as is not chilling and yet is sedative to the circulation, will be the best local measure.

#### NEUROSES.

Under this head, of affections involving the innervation of the skin, may be classed *Prurigo, Anæsthesia, and Neuralgia cutis*.

**Prurigo.**—Often placed under *papulæ*, because sometimes minute pimples occur with it—the essence of this disease, really, is intense itching without eruption. It is commonly divided into *prurigo mitis, formicans, and senilis*. *Pruritus* is the technical name for itching as a symptom. Its *most frequent* cause is the presence of parasites. Dr. R. H. Derby<sup>1</sup> insists that in true prurigo there is always a disease of the hair; with an epithelial growth and serous exudation about each root-sheath of the part affected. Wilson still holds to the essentially neurotic nature of prurigo. Tilbury Fox says that “the eruption consists of certain papules, altered by scratching, and accompanied by intense itching, as *primary* and essential phenomena.”<sup>2</sup> It appears to be more often seen in Vienna than in England or in this country.

The difference between the first two varieties is one of degree. In the *mitis*, obstinacy rather than severity exists. In *p. formicans*, suffering may be extreme, pervading the body. Heat of a fire or of a bed, rubbing of the clothes, etc., may cause an irritation which drives the patient to rub and tear the skin, yet without relief. Sleep may thus be prevented, and the bodily as well as mental exhaustion so produced may be great. The complaint is occasionally intermittent. Very often it is confined to one or two portions of the body; as the scrotum, vulva, anus (*pruritus scroti, vulvæ, ani, vel podicis*), etc. *Pruritus ani* is often caused by worms, especially ascarides; sometimes by a minute fungous vegetation.

**Prurigo senilis** is so named because of its frequency in old people. Lice cause it not unfrequently. *Papulæ* attend it more often than the other forms. Tilbury Fox, however, denies its identity with true prurigo.

**Treatment.**—This is sometimes a very hard disease to cure, or

<sup>1</sup> Sitzungsberichte der k. Akademie der Wissenschaften, vol. lix. 1869.

<sup>2</sup> Skin Diseases, etc.; 2d American edition, 1873.



even relieve. We must consider and treat the general condition of the body; see that the bowels are regular, the digestion normal, the skin kept clean and open by ablutions and proper change of clothing. Sometimes nervine tonics may be required; as nuxvomica, arsenic, or quinine, in small doses. Tincture of aconite is prescribed by some; three or four drops at a time twice or thrice daily. Conium, belladonna, and other narcotics have been advised. The *hypodermic injection of morphia* may be employed to give rest in very distressing cases.

Rothmund<sup>1</sup> asserts the beneficial influence of the internal use and also the hypodermic administration, of solution of carbolic acid.

Locally, many things may, and should, be tried in succession, in the search for palliatives. Baths of flaxseed tea, with or without carbonate of sodium or of potassium; lathering with castile soap, with a shaving brush; strong salt water, or whisky and salt; dilute sulphuric, nitric, or acetic acid [F. 190, 191, 192, 193]; mercurial ointment; ointment of creasote [F. 224]; solution of carbolic acid; cerate of white lead; laudanum, sp. camphor, aconite, or chloroform, as lotion, or in liniment; spirituous solution of corrosive sublimate [F. 194]; solution (dilute) of hydrocyanic acid [F. 195]; solution of bromide of potassium; equal parts of chloral hydrate and camphor; glyceramyl; pure glycerin; tar ointment; olive oil; tobacco infusion; the "Turkish," or hot air bath; and the common hot water bath: these are only a few of the measures which may be resorted to. The diet should be unstimulating. Advice should be given to the patient, also, to refrain as much as possible from violence in rubbing or scratching the parts affected; and not to sleep in a very warm room or under too much cover.

**Anæsthesia cutis** is only a symptom of a larger affection—involving either the nervous system or the skin itself. It appears in one variety of elephantiasis, called by some *lepra anæsthetica*. Vitiligo also is often attended by it, at the parts which undergo discoloration. Except stimulating frictions, when not contraindicated by the other conditions of the case, and galvanism (faradization) under the same limitations, we have no special remedies to mention for loss of sensibility in the skin.

**Neuralgia** of the skin, temporarily, at least, limited to it, does undoubtedly occur, though seldom. I have experienced it in my own person. Its locality does not, however, so remove it from other forms of neuralgia as to require for it a special consideration.

#### PARASITICÆ.<sup>2</sup>

Dermatologists are not all agreed upon the question whether the *microphytes* or *epiphytes* (minute parasitic vegetations) discovered by aid of the microscope, in connection with certain skin diseases, are *essential* to those diseases, or accidental and secondary only. Wilson even denies their vegetative nature; asserting them to be results of spontaneous granular degeneration of epi-

<sup>1</sup> London Med. Record, Jan. 22, 1873.

<sup>2</sup> Some writers have proposed the common name of *tinea* or *phytosis*, for this group.

thelium. Most authorities hold the opinion, which I fully believe to be correct (especially proved by the results of *treatment*), that the parasites are really the essential *causes* of the disorders they constantly attend; that they may, under favorable circumstances, be *transplanted*; and that, to cure those disorders, destruction of the parasitic forms is necessary. Again, Hebra, a high European authority, believes that all the epiphytes described are merely modifications of one and the same species, in different degrees of development. Tilbury Fox agrees with this opinion. E. Hallier makes three series (Mucor, Achorion, Leptothyryx) of forms, all capable of being educed from the same spores under different circumstances. Devergie<sup>1</sup> believes in *spontaneous generation* of the epiphytes, although truly vegetable. Dr. McCall Anderson<sup>2</sup> gives proofs, by separate inoculation, of the non-identity of *three* vegetable parasites at least—*trichophyton*, *achorion*, and *microsporion*. Bazin, T. Fox, and others have observed the transmission or transplantation of trichophyton (*tinea circinatus*) from the ox and horse to man.<sup>3</sup>

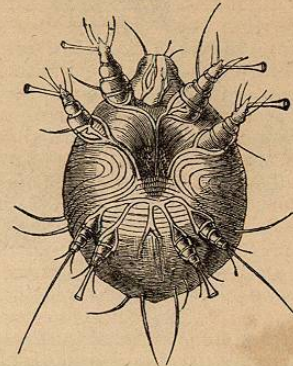
No doubt exists with the large majority of observers as to the cause of the animal parasitic eruption, *scabies* or itch.

**Scabies.**—Chiefly vesicular, this disease may be papular, scaly, or pustular in some instances. Ordinarily we see—especially between the fingers and on the back of the hand, next often on the arms, legs, and abdomen, occasionally on the scalp, hardly ever on the face—a number of small red elevations with white or watery tops. Extreme itching is always present; often keeping the individual scratching night and day. King James I. is said to have described his experience of it as rather pleasurable; but this is not the common account of it.

Closely looking at almost any of the vesicles one may see a little red line or track, at the end of which may be found a slightly elevated point. In this is, generally, the animalcule—*Sarcoptes hominis* (*Acarus scabiei*); one of the *Arachnida*—flat-bellied, round-backed, tortoise-shaped, eight-legged; the female larger than the male, which is hard to find.

**Treatment.**—Sulphur is not the only, but the most reliable and convenient parasiticide for itch. After thorough bathing and washing of the whole body with soap and water, sulphur ointment must be rubbed well into the parts affected. A few applications will usually suffice [F. 197]. Dr. Tilbury Fox advises a weak ointment—half a drachm of sulphur to an

Fig. 93.



Male acarus. (McCall Anderson.)

<sup>1</sup> Archiv für Mikroskopische Anatomie, April, 1866.

<sup>2</sup> Brit. and For. Med.-Chirurg. Review, July, 1866, p. 225.

<sup>3</sup> British Medical Journal, March 25, 1871.



ounce of lard. The animalcule is killed, and the cure follows. There is evidence, however, that in some cases of long standing, recovery may follow but very slowly. The *habit* of the eruption has then become established in the skin; this must be treated like eczema, or lichen, whichever it most resembles.

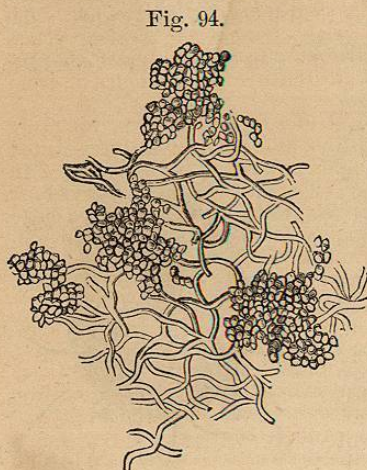
Oil of turpentine, kerosene or petroleum (Decaisne), ointment of sulphuric acid, carbolate of sodium (Zimmerman) solution of chloride of lime, solution of corrosive sublimate, and other powerful agents, may also be confidently relied upon to destroy the itch animalcule.

**Army-Itch.**—During and since the late war in this country, the inevitable filth of camp-life begot, among other evils, a very troublesome contagious skin-disease, called by the above name. Itching, without any eruption except small papulæ, characterizes it. Outside of the army it has extended to a considerable number of persons. No better remedy for this affection, I believe, has been found than a lotion and ointment, composed of iodide of potassium and glycerin; with water or rose-water for the lotion, and lard or cold cream for the ointment [F. 192, 199]. Mercurial ointment, and sulphuric acid ointment, are also efficacious for it.

The other parasitic affections of the skin depend upon the microphytes already alluded to. They are, *Favus*, *Sycosis*, *Tinea Circinatus*, *Tinea Decalvans*, *Chloasma versicolor*, and *Plica Polonica*.

**Favus.**—(*Porriago*, *Tinea Favosa*.) Generally appearing on the scalp, this disease is peculiar in the formation of yellow cup-shaped crusts, in each of which one or two hairs grow. By joining together, these crusts may lose their regularity of shape, in a general scabbing; and a good deal of hair may fall out. A mealy powder is found in the crusts, which, on microscopic examination, is found to contain the formation called *achorion Schönleini* by Remak.<sup>1</sup> This presents minute tortuous branching tubes, straight or crooked not branching tubes, and sporules, free or united in bead-like strings. Granules and cellules of *mycelium*, the generative portion of the plant, are abundant. An offensive discharge occurs from the eruption in bad cases.

Favus is contagious,



Spores and tubes of the *Microsporon furfur*, from a case of Pityriasis versicolor. (McCall Anderson.)

<sup>1</sup> The achorion was discovered in favus by Schönlein in 1839.

though seldom conveyed to cleanly persons. It is hard to cure, but not incurable. In its treatment, constitutional and local measures must be combined. Arsenic is, as usual, the most reliable alternative. Neligan has advised the iodide of arsenic, gr.  $\frac{1}{2}$  thrice daily; intermitted if headache or dryness of the mouth come on.

For the local treatment, the hair must be *closely cut* with sharp scissors. Apply then a large flaxseed poultice for twelve hours or more—perhaps repeatedly, to soften the crusts. Next, wash the head thoroughly, by means of a soft sponge, with solution of carbonate of potassium (one drachm to a pint of water); after which ointment of carbonate of potassium (potass. carb.  $\mathfrak{z}$ j, glycerin  $\mathfrak{f}\mathfrak{z}$ j, adipis  $\mathfrak{z}$ j) may be applied spread thickly on lint, covered with oiled silk. This may be renewed daily; or, if there be much discharge, twice a day. The crusts will then come away in a few days. Ointment of iodide of lead may follow; washing the head night and morning, still, with the carbonate of potassium lotion; and keeping the hair cropped short all the time. Three or four weeks will generally suffice for a cure. Cleanliness of person and regulated diet are at the same time, of course, essential.

For this and other parasitic affections of the skin, *tar ointment* is a far from contemptible remedy.

**Sycosis** (*Mentagra*).—This occurs in the bearded part of the face, chiefly the chin. It is contagious; sometimes being transmitted by uncleanly barbers in shaving. It presents slightly inflamed elevations about the roots of the hairs, covered by scurf; shaving decapitates these, inducing irritation and suppuration, as well as scabbing. The whole chin may become swollen and inflamed by it; and parts of the beard may be destroyed. The parasitic cause of this disease is the *trichophyton mentagrophytes* (*microsporon mentagrophytes* of Gruby). It is seen under the microscope to consist of minute stems, bifurcated at angles of from 40° to 80°, and granulated within.

Sycosis is not common, at least in America. It is tolerably frequent in France. Acne, impetigo, and ecthyma of the bearded part of the face may be confounded with it. It is very hard to cure. In its treatment, keeping the beard constantly very short by close clipping (not shaving) is essential. Sponging twice daily with castile soap and water, or carbonate of potassium lotion, will be beneficial. Iodide of lead ointment, ointment of nitrate of mercury, and of calomel and camphor, etc., may be used in succession; besides the internal use of arsenic.

**Tinea Circinatus** (*Ringworm*, *Scald Head*).—This is known by its circular form, occurring most often, though far from always, on the head or face. *Herpes circinatus* resembles it; but, in that, minute vesicles are usual; in *tinea*, rare and few. In *tinea* a thin powdery crust exists, whose examination will show the *trichophyton tonsurans*, closely allied to the parasite of sycosis.

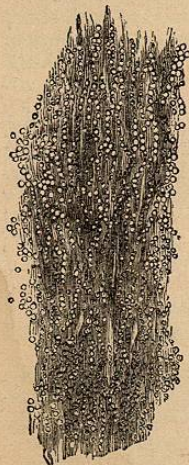
**Tinea decalvans** is marked by the destruction of the hair in circular patches, making round spots of baldness. Its parasite is considered by many dermatologists as different from the *trichophyton*, and called *microsporon Audouinii*. Its sporules are rounder and smaller than those of the trichophyton.

The treatment of both forms of *tinea* must be, besides cleans-



ing, essentially *parasiticide*. Tar ointment; "huile de cade;" mercurial ointment; solution of corrosive sublimate; oleate of mercury; lotion and ointment of carbonate of potassium; lotion of sulphurous acid; carbolic acid; creasote; cantharidal collodion, lightly applied; these are among the many applications which may be used for the purpose, with generally successful result.

Fig. 95.



Hairs from a case of *Tinea tonsurans* loaded with spores. (McCall Anderson.)

As has been observed, tinea is seldom transmitted to a cleanly person; at least without very close and continued contact.

**Chloasma Versicolor** (*Pityriasis Versicolor*).—The parasite of this is *microsporon furfur*. The disease is recognized by the formation of dull, reddish-yellow spots of various size and shape, seldom numerous, on the front of the chest or abdomen. The same local applications may be used for it as for tinea; besides the internal use of arsenic.

**Plica Polonica**.—This is an affection of the hairy scalp, endemic in Poland, Russia, and Tartary. The hair-follicles become diseased, and the hair is matted and glued together into felt-like masses. *Trichophyton tonsurans* and *trichophyton sporuloides* are the parasitic vegetations described as found connected with it. The disease has not been seen in this country. Some dermatologists assert that it is nothing but *eczema capitis*, with seborrhoea and dirt; but this is not probable.

#### SYPHILIDA.

Enough for our purpose and space has already been said of the general history of syphilis. Among its constitutional manifestations cutaneous eruptions are very frequent. These are seldom vesicular, not very often papular; most often squamous or scabbing. Lepra and rupia, particularly the latter, are prominent among syphilitic affections, though both may occur independently of syphilis. All eruptions in persons of this diathesis are marked by a *coppery color*, which remains long, even after their cure; by a disposition to ulcerate, perhaps only superficially; and by preference in locality for the face, shoulders, and back.

In the **treatment** of syphilitic eruptions, the diathesis must be met by our remedies. Iodide of mercury internally; after that, iodide of potassium, and, in feeble persons, cod-liver oil, perhaps iodide of iron; locally, mercurial ointment (besides palliatives, if required, as in other eruptions) or the calomel vapor bath should be prescribed. Often such affections will seem to be cured, but, after weeks or months, will return again; then the treatment should be renewed, and discontinued when they disappear.

#### POISON-VINE ERUPTION.

The common poison-vine<sup>1</sup> (*Rhus toxicodendron*), a species of swamp sumach, and one or two other plants more rarely, cause, by contact, in some persons, an inflamed vesicular eruption of considerable severity. The hands and face are its most common localities; but it may come out on the lower limbs or about the anus and genitals. Its duration, when severe, may be from one to two weeks; but it is often quite limited and of short course.

In the **treatment** of this annoying but not dangerous attack, I have had a good deal of experience in my own person as well as with others. I have found much relief, and great effect in shortening the course of the disease by reducing the inflammation, from *lead-water*, *early*, freely and frequently applied with a large camel's-hair pencil. It should not be put upon the *opened* vesicles, which it irritates; but around them, upon the reddened skin. In the practice of Dr. E. Hartshorne, a very successful remedy has recently been the *fluid extract of serpentaria*, painted directly upon the eruption. It seems to kill it at once. Oxide of zinc ointment is sometimes very soothing to the eruption. Dr. Hatch,<sup>2</sup> of California, finds solution of sulphate of iron beneficial in this affection. Late experience with it (1874) has convinced me that the *bicarbonate of sodium*, in strong solution applied early with a camel's-hair pencil, is especially efficacious. Its action is explained by the fact, pointed out by Prof. Maisch, of Philadelphia, that the acute principle of the poison-vine is an acid; *toxicodendric acid*.

#### FROST-BITE; CHILBLAIN.

Gangrenous destruction of parts, especially of toes, not unfrequently follows actual congelation. Short of this, exposure to continued cold, especially when *suddenly* warmed again, may cause an erythematous inflammation, **erythema pernio**, already mentioned under that head. When the feet or other parts have been so chilled as to be almost frozen, *gradual* warming—for instance at first rubbing them with snow—is proper, as a preventive of frosting. In its **treatment**, cooling unguents, as Goulard's cerate, or lotions, as lead-water, may be first wanted, and then astringents, as alum-water, infusion of oak-bark, solution of chloride of iron, creasote ointment, etc. Cabbage leaves are a popular domestic remedy for chilblains.

#### BURNS AND SCALDS.

If half of the body be so burned or scalded as to arrest the functions of the skin over that extent of surface, death will always result. *Collapse* comes on, from the terrible shock to the nervous system through the impression on the widely distributed cutaneous nerves. The pulse is then very low, the body cold, and commonly thirst is great. Suffering is often, in a few hours, lost in apathy and prostration.

<sup>1</sup> This somewhat resembles the Virginia Creeper, but is *three-leaved*. One variety of it is erect, not climbing.

<sup>2</sup> California Med. Gazette, 1869; also Butler & Brinton's Half-yearly Compendium, part iv. p. 152.



The **treatment** for this condition must be stimulant as well as anodyne. Opium and whisky or wine should be given, as freely as in any other condition of positive debility or exhaustion.

For *local* treatment of burns, I believe that nothing is better than *lime-water and oil*, equal parts (either linseed, olive, or lard oil), on cotton wadding, covered with oiled silk. Other remedies often used are dry cotton (which sticks too close in deep burns), glycerin, rye-meal, starch powder, fresh lard, carbolic acid,<sup>1</sup> and molasses. To exclude the air seems to be the main indication.

## UNCLASSIFIED AFFECTIONS.

### AMENORRHŒA.

A few words seem appropriate here upon some of those affections of the sexual system which every practitioner must often meet with. Their full discussion belongs to books of a different kind.

**Amenorrhœa**, or suppression of the menstrual discharge in women, may be either an *interruption* of it during its occurrence, or its habitual *non-appearance*. The former is commonly the result of cold and wet, or of some nervous shock, to which the patient is exposed during the menstrual period.

Habitual amenorrhœa may occur with *plethora*, from disturbance of ovarian and uterine functions, or with *anæmia* and debility, or as a secondary effect of chronic disease, *e. g.*, phthisis. The greater number of cases is met with in anæmic females; but the opposite state is not uncommon. Vicarious hemorrhages from the lungs, stomach, etc., sometimes accompany it.

As bearing upon the **treatment** of amenorrhœa, the question always comes up—is the suppression of the menstrual flow the *cause* of other symptoms or morbid effects, or is the amenorrhœa itself the *effect* of a morbid condition, the removal of which will restore this arrested function? It is to be said in reply, that sometimes the one and sometimes the other may be the case. In amenorrhœa with *plethora*, generally the interruption of menstruation may be found to be a primary, though perhaps not the sole, cause of disturbance of the system. In *anæmic* amenorrhœa, most frequently the constitutional state is primary, and the restoration of general strength will be attended by the spontaneous return of the function.

Practically, then, we must, in any case, inquire into the general condition and history of the patient. If there is headache, increased by stooping, with a flushed face and full strong pulse, the patient having previously been *vigorous* in health, taking blood from the lumbar region by cups, or, in clear cases, from a vein in the arm by the lancet, is indicated. Also purgatives; at first, in a sudden attack, senna, or, if much heat of the system exist, citrate or sulphate of magnesium; afterwards, when the amenorrhœa is obstinate, aloes. Hot mustard foot-baths, or warm hip-

<sup>1</sup> In solution, ʒij in Oj of water; or 1 part to 7 parts of glycerin; or else Lister's "carbolic oil," 1 ounce of carbolic acid in a pint of olive or linseed oil.

baths, and warm poultices to the breasts, every night, should be used in a case of sudden suppression of menstruation in the midst of its period. Tincture of aloes and myrrh is a favorite domestic emmenagogue; a teaspoonful twice or thrice daily, in hot water. Black hellebore, savin, seneka, etc., are also resorted to for similar action; but all emmenagogues are more uncertain even than diuretics.

In many cases of amenorrhœa, a delicate and, in some, a difficult question is, as to the possibility of the (physiologically) normal cause of pregnancy being present to account for it. Most of all may this difficulty present, of course, in young single women, who may, unfortunately, have reason for concealment. Apart from the very clear ethical principle that a physician has no moral right to aid, in any way whatever, in producing an abortion, active emmenagogue treatment in the pregnant state is unsafe for the health of the subject of it herself. *Medicine* will fail to cause abortion in eight or nine cases in ten, unless it be so used as to produce a serious, often dangerous, effect upon the system of the patient.

When we *suspect* pregnancy, then, mild measures only are in place—waiting for time to develop the nature of the case in full. *Anæmic* amenorrhœa requires tonics; above all, *iron*. Other medicinal and hygienic roborant agencies may also be called in. Aloes, in small doses, repeated daily [F. 201, 202], occasional or periodical hip-baths, foot-baths, and breast-poultices, especially near the time when the menstrual flow should occur—may in many cases be superadded. *Strychnia*, in one-thirtieth of a grain doses, is a favorite tonic in amenorrhœa with some practitioners. *Galvanism* or *statical electricity* (of the friction-machine) is much resorted to by others. The spinal and pelvic regions should be the seats of application.

### DYSMENORRHŒA.

Painful menstruation is habitual with some women for years together. Pregnancy not unfrequently cures the habit. The affection seems to be of two kinds or origins: 1, functional or **physiological**, and 2, **mechanical** dysmenorrhœa. With the former, disorder of innervation and circulation occurs; even the ovaries may participate in this. I attended one woman in a number of attacks of monthly ovarian irritation (ovarian colic) of extreme violence and suffering, with fever. Ordinarily, before menstruation begins, the subject of functional dysmenorrhœa feels ill, with pain in the back, perhaps headache, followed by pains, almost like labor-pains of the first stage, in the womb. That organ becomes palpably swollen and heavy, its pain being somewhat assuaged by compression by the hand through the abdominal wall. When free discharge comes on, relief is obtained.

The symptoms of mechanical dysmenorrhœa are not always strikingly different, but it is a more local affection. The direct cause of it is obstruction at the *os* or *cervix* uteri; the external or internal *os* usually, if constriction be the trouble; in the neck, when anteversion, retroversion, or lateral flexion produces it. On the indication of this causation, Dr. Simpson, of Edinburgh, some