

The walls of the abscess were thick, firm, almost cartilaginous.

The treatment of retro-pharyngeal abscess needs no comment. It must be opened early. Where it has ruptured spontaneously speedy recovery has followed by the use of codliver oil and the syrup of the iodid of iron. Spontaneous ruptures, however, do not always mean a speedy recovery.

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OBLITERATION OF CONGENITAL PIGMENTATIONS.

Read in the Section on Dermatology and Syphilography at the Forty-fourth Annual Meeting of the American Medical Association.

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Abnormal pigmentations of the human skin have always existed and are always more or less objectionable, especially where they occur upon the exposed parts of the body. I say always objectionable, meaning the congenital ones, and I might say the artificial ones sooner or later are objectionable.

In order that we may be able to more thoroughly understand the character of the various pigmentations, I have made the following classification, which I have found to be very convenient, and which I believe answers ordinary purposes. It is as follows:

1. Elevated pigmented surfaces.
2. Non-elevated pigmented surfaces.
3. Red, elevated or non-elevated, pigmented surfaces.
4. Brown, elevated or non-elevated, pigmented surfaces.

In the elevated pigmentations, I have found obliteration much easier than in any of the other three I have mentioned. Those that are non-elevated and have a brown color, are the hardest to obliterate, and require a greater length of time for treatment, and the results are not so good.

On the other hand, the red ones, elevated or non-elevated, are removed with greater ease, especially if elevated. I believe that this classification answers every purpose in the treatment of congenital pigmentations. As to the acquired ones, I do not care at present to have anything to say. When we consider how little progress has been made in the successful treatment of these lesions, and the great number of persons possessing them together with the demands which association brings, we can not help but look with regret upon the present status of treatment. It is with horror that I look upon these deformities, and with great chagrin that we stand handicapped in giving relief to those who so often approach us with so many regrets. I believe it is the duty of every person to rid himself, so far as possible, of every characteristic that may be objectionable to his associates—warts, moles, cicatrices, tumors of various kinds, superfluous hairs, deformed nails, fingers, ears, lips, eye-lids and nose, are all of equal importance. The dentist prides himself in giving to his patient a set of teeth that is not only useful, but possessed of great beauty; the barber becomes noted in applying his artistic skill to the hair of both the head and face. With all these standing out in bold relief, we must admit our shortcomings. Possibly the remedy lies in the extirpation of these pigmentations, followed by skin-graft-

ing, as suggested by Thiersch. It may be that it is something less severe, but who is to present it? I firmly believe that where the pigmentations are large and can not be excised, and the edges brought together without deformity, that the Thiersch method offers the best results. Surely the grafts, together with the attending cicatrices, would be less objectionable than the discolored or elevated surfaces, and I am thoroughly convinced that I, myself, would resort to them, taking my chances, in preference to carrying one of these birth-marks.

If the lesion is supplied with a great amount of blood, there is but little difficulty in destroying the vessels with electrolysis. This is the treatment which I offer as the best means, so far discovered, in destroying the elevated or non-elevated red pigmentations, also where the elevations are brown, unless it be by the Thiersch method. But, where the surface is brown, so far I have been unable to lessen the deformity to any great degree by electrolysis. Thinking, perhaps, that I might be able to obliterate this discoloration, I selected a few upon myself and various patients for experiment. I decided to use finely powdered feldspar and flint. These are ground for fifty hours and used extensively in the manufacture of fine pottery. I selected needles as fine as could be had, and with great care tattooed several lesions as carefully as I could, some with flint and some with feldspar. The result was an inflammatory process, which destroyed not only the color, but also the epithelium and part of the papillary layers. In each case there was a fine white cicatrix remaining, which was smooth and a little lighter than the surrounding skin. I am not sure that either the feldspar or flint was the least beneficial. I make the statement to show what *could not* be done with them. Where the lesions are small I have had better results with electrolysis and excision than by any other procedure. If excision is to be resorted to, it should be with the greatest care, the sharpest knife, and aseptically. I have not found it necessary to use but the lightest sutures, silk worm gut being the best; often these are not used unless there is great tension to be overcome, usually having found rubber adhesive straps sufficient to keep the walls of the wound together until primary union could take place.

I have tattooed with all remedies so far suggested, and I am free to confess that not one of them is satisfactory in my hands. Possibly the fault lies within myself, more perhaps in the application than in the prolonged treatment, for I have been faithful in their application.

There is one procedure that I value above all others in cases where any congenital pigmentation, whether elevated or non-elevated, red or brown, involves any great amount of surface. It is in the use of Thiersch's skin grafts. The great trouble is in overcoming the fear of both the operator and the patient that the grafts are not always certain. This is a very great desideratum, but one which must not be overlooked. If the operator is fearless, clean and skilful, there is no reasonable doubt but that the skin will become adherent and that the surface will become smooth and lose the objectionable deformity. Even though the grafts should not become adherent, the resulting cicatrix is far less objectionable than the condition for which the operation was made. My own experience has taught me that these lesions

when found upon the face or hands, can be removed and without any risk, unless it is in taking the anesthetic, especially where chloroform or ether is used. I do not believe that grafting is so successful when done upon surfaces which have been anesthetized by subcutaneous injections of cocain. It seems to me that the capillary supply upon which we must necessarily depend for nourishment to the graft is greatly lessened by the influence of cocain. It lessens the congestions of mucous surfaces, and why not the normal capillary blood supply to the papillæ? I would not, therefore, hesitate to use either chloroform or ether where the lesion is extensive, in preference to the subcutaneous injection of cocain. Then, too, the amount of cocain requisite to produce local anesthesia, would in all probability cause constitutional disturbance of an unpleasant character. I have now used cocain subcutaneously almost one thousand times, and with but two or three exceptions have never had any unpleasant results from it. So that, so far as the use of this remedy is concerned, I, myself, would not hesitate to use it even in the larger lesions. Then, so far as the administration of chloroform and ether are concerned, fortunately it is not necessary to prolong their administration, as the operation requires but a very short time if detail is looked after in the beginning. In removing the objectionable tissue, hemorrhage is sometimes to be encountered, especially in the red ones where there is a great amount of blood supply. This, however, can be overcome with the application of hot water containing chlorid of sodium in the proportion of one-half of 1 per cent. If this should not control the hemorrhage, and if found impossible to apply the grafts with certainty, the surface may be allowed to granulate and grafted upon later on.

The knife to be used should be the sharpest, and the tissue removed with one bold stroke. The skin to be substituted should be from the thigh or arm, which has previously been cleansed and made ready for the operation. The shavings should be as thin as it is possible to make them, there being but little capillary hemorrhage. If the surface is two, three or four inches square, the grafts should be as few in number as it is possible to cut them. If three or more inches square is required, it is best to remove the cuticle from the abdomen where the surface is flat, and the knife allowed to make one broad cut. If it is found necessary to wait several days before applying the graft, the granulated surface may be mowed down with a curette, the hemorrhage checked and the grafts then applied; however, I have made it a rule to apply my grafts at the time of the primary operation, thus giving me two opportunities to secure their growth. Any surface upon which grafts should fail to become attached at the primary operation, can be covered at the second sitting.

So far as the dressings are concerned, they should be simple but firm. I have found nothing better than as fine quality of cheese or tobacco cloth as I could procure, which enables the secretion to become absorbed, leaving the grafts as free as possible from other influences.

So far as the use of these grafts goes, I have nothing in the way of improvement to offer on the Thiersch method. He has described in detail the conditions, operations and care of them, so I feel that it would be useless to speak further upon this, the most ingenious and useful plan of skin grafting.

In conclusion, I will say that I believe this is the only available means we have of obliterating these birth-marks, unless it be electrolysis, on which I do not place so much value.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

SECTION ON ORTHOPEDIC SURGERY.

(Continued from page 67).

DR. WHARTON SINKLER read a paper entitled

THE TREATMENT OF SPASMODIC TORTICOLLIS BY CONIUM.

The treatment of spasmodic torticollis is most unsatisfactory. The pathology of the affection is so obscure, that rational treatment is all the more difficult of application. Dana, speaking of wry neck says: "In rare cases it is cured, in many others it can be ameliorated, but it generally reaches a certain stage, and then remains chronic." Drugs of all kinds have been recommended in the treatment of this affection, and splints and mechanical appliances are of no benefit, but usually aggravate the affection. From the fact that frequently the muscles principally involved are the sterno-mastoid and the trapezius, the affection has been supposed to be due to disease of the spinal accessory nerve, and treatment has been directed to this nerve.

Counter irritation, galvanism and actual cautery, applied as near as possible to the origin of the nerve have been used, but with far from satisfactory results. Surgical measures, such as stretching this nerve, and the excision of a large portion of it have been resorted to but in only a small proportion of cases has relief followed the operation. It is, therefore, evident that the disease, except in rare cases, involves the deeper muscles of the neck, as well as the sterno-mastoid and trapezius.

LEZYNSKI recommends the use of belladonna, given in increasing doses almost to the point of toxic influence, and keeps this up for four or five weeks. He has had marked success from this method, and Grey says that since he has followed Lezynski's plan, he has cured eight cases of spasmodic torticollis by the use of belladonna. I have used this remedy myself, but without success. The best results which I have seen from drugs in this disease, have been from the use of conium. This drug was recommended by Harley many years ago in the treatment of spasmodic affections, but it never has been used extensively. G. M. Hammond reports the successful treatment of a case of painless facial spasm by the use of this drug, and Rockwell of New York, recommended it in the treatment of chorea. The text-books, however, do not speak of it favorably. Hare, in his work on "Therapeutics," remarks: "That conium holds an unimportant place in the drug list of to-day." I have found in my own experience, however, that it is decidedly useful in many forms of muscular spasm, when not due to central causes.

From experiment, it has been found that conium causes paralysis of the motor nerves when given in physiologic doses. There are drooping of the eyelids, staggering and inability to walk, showing its influence upon the muscular system. It is, therefore, reasonable to expect that in the treatment of muscular spasms, when peripheral in origin, that the remedy would prove useful.

HARLEY recommended the juice of fresh leaves, but this is difficult to obtain, and the fluid extract is a reliable preparation. The dose in which it is recommended in the text-books is entirely too small to be efficacious. I usually begin with 15 or 20 drops, three times a day, and frequently increase the dose to 60 drops. There are two fluid extracts in