The preceding cases will suffice to demonstrate the sufficiency of arsenical treatment in the constitutional varieties of eczema, when the activity of the disease has been previously arrested by antiphlogistic measures. The powers of arsenic in eczematous affections have been highly extolled by writers of the largest experience. Rayer testifies that "the preparations of arsenic are occasionally the *only* medicines which can be successfully administered in rebellious eczema of the scrotum, pudenda, verge of the anus, &c.," and Dr. Green expresses himself in terms at least equally strong.

In former times, when mercury was more indiscriminately administered than at present, the occurrence of eczema in an acute form was a common sequence of a severe mercurial course; and the same disease occasionally occurs at present, (eczema mercuriale.) The writer has seen, more than once, a similar eruption excited under large doses of cubebs; and it is well known that the oil of copaiba, when applied externally, will produce a vesicular eruption of a similar character; and the same effect occasionally follows its internal administration. Croton oil, applied externally, is another familiar instance. These forms of eczema, as also those produced by the rays of the sun and other local irritants, will commonly subside spontaneously, shortly after the cause which excited them has ceased to act. Other local affections of an eczematous character, exhibiting a variety of phases, and appearing in positions too numerous to specify, will generally yield to common treatment, and, like all other cutaneous disorders, require arsenic only when there remains nothing, locally or constitutionally, to be rectified by ordinary means.

In the next paper, the writer hopes to demonstrate satisfactorily, that some of those tubercular diseases which have been hitherto deemed intractable or incurable are not less controllable, by a prudent and persevering exhibition of arsenic, than the morbid conditions of the skin which are already disposed of.

Herne Bay, February, 1846.

REMARKS ON MR. HUNT'S PAPERS ON THE TREATMENT OF CHRONIC DISEASES OF THE SKIN.

By WILLIAM A. CORTIS, Esq., Surgeon, Filey, Yorkshire.

As I do not know of any class of diseases which give more trouble and annoyance to the medical practitioner and his patients than the eruptive, I always turn with avidity to any notice of them, in your journal or elsewhere, and have been much pleased by reading Mr. Hunt's three papers in *THE LANCET*, although my opinions and practice in some cases differ from his. Notwithstanding this, I feel sure, from the tone in which he writes, that it will afford him pleasure to see his papers commented on.

It will be seen, that with his opening remarks I perfectly coincide; I have to give the same accordance to his methods of dividing these diseases—viz., into constitutional and local, attended by inflammatory action, or the reverse. I think that the indications of treatment may generally be adopted with comparative ease, by attending to these divisions; and if we examine the best systematic works on these diseases, we shall find, that whatever nosological arrangement they may use, the above principles are those by which they really determine the treatment, so that whilst the varieties of the diseases are almost infinite, their treatment varies little.

With Mr. Hunt's remarks as to the principles of treatment of his first division of skin diseases, (see *LANCET*, January 10, p. 32,) I also agree, and have only to add, on this head, that the alkaline salts, recommended by so many authors, seem particularly useful here. I have been greatly assisted in treating this, the febrile form of chronic skin diseases, especially in children, by using a mineral water which is found at this place, of which the following is an analysis. One pint contains—

Sulphate of magnesia, 6.12 grains, or $12\frac{1}{2}$ grains of crystallized Epsom salts; chloride of magnesia, 4.55; chloride of calcium, 5.15; chloride of sodium, 26.35; carbonate of soda, 7.25, existing in the bicarbonate of soda; water, as 11.6.

I have seen more than one child sent here with obstinate eruptive disease, which had been under treatment for a long course of time, speedily cured, simply by the internal and external use of this water, and an occasional dose of mercury and chalk. Its usual effect is diuretic, and frequently mildly aperient.

In reading that part of Mr. Hunt's paper which comes under the second head, I have been somewhat disappointed, as I hoped to meet with useful information as to the treat-

ment of syphilitic cutaneous diseases, which are often so exceedingly troublesome.

From one paragraph under this head I most decidedly differ. It is the following:—"In every stage of this variety of venereal affection, all other remedies (except mercury) are comparatively useless. None of these affections result from the abuse of mercury. They are all decidedly syphilitic; and mercury, administered, under favourable circumstances, with judgment, tact, and determination, will certainly cure them." Contrary to this, I have occasionally, in these cases, found mercury worse than useless, whilst other remedies have cured the disease. These affections certainly do not exactly result from the abuse of mercury, but they are frequently very much aggravated by it, and they can hardly be called "decidedly syphilitic," inasmuch as their character is frequently very much modified by the administration of certain remedies—viz., mercury, and the iodide of potassium.*

Mr. Hunt has adduced two cases to illustrate his practice. I will relate one, to explain my objection:—A gentleman came under my care who had been affected with primary symptoms rather more than a year previously. He was shortly attacked with sore throat, and soon after with an eruption (lepra) over his head, arms, and other parts of his body. The sore throat was removed by a gargle of solution of nitrate of silver. He was salivated three or four times for the eruption without benefit, and at length he could not take more than a very small dose of mercury, as it immediately caused a return of the sore throat, and affected his general health severely. The iodide of potassium was then administered in decoction of sarsaparilla for about three months, towards the end of which time he was attacked by psoriasis, commencing on the palms of his hands, and extending along the arms. At the time he came here, the scalp was encrusted with the eruption, which also existed in other parts of the body in various stages of development. As he had given mercury and the iodide a fair trial, I prescribed nitric acid and warm baths, and he also drank the spa water of his own accord.

This treatment having no effect, I gave him a few Plummer's pills, which speedily made his throat sore, and deranged his general health. I then prescribed a mixture of Fowler's arsenical solution, carbonate of potash, and decoction of cinchona, which soon caused an improvement in his general health, and in the appearance of the eruption. I also gave him again Plummer's pills, which he could take along with the mixture, but they were discontinued after a few days, as they did not seem to assist the cure. The mixture was taken for six or seven weeks, commencing with five drops of the arsenical solution three times, and afterwards twelve drops, twice a day. The old spots soon healed, but were followed by a succession of new ones for a short time. These gradually diminished in number and size, and at the end of the time above named, as he was nearly well, having only one spot on his head, (which had been prevented healing by his having acquired a habit of picking it,) and the remains of a few on his arms, which were gradually disappearing, he left, with directions to discontinue his medicine, but resume it if any more spots made their appearance, in which case he was to write to me. As I heard no more of him I presume he continued to progress to complete convalescence.

Several cases like this having occurred to me, I am led to differ from Mr. Hunt in so far as this, that while I admit the general utility of the moderate use of mercury in syphilitic eruptions, I believe that it is frequently contra-indicated, and that other remedies in such cases (of which arsenic, and the iodide of potassium are the chief) afford greater benefit. We might have expected this from analogous cases. For instance, how frequently do we meet with patients affected with syphilitic iritis—a disease generally remarkably amenable to mercury—who cannot bear this drug, but whom we cure by the administration of tonics, and the application of local remedies? I think it is M. Ricord who has pointed out a very simple, and, I believe, a very good indication for the treatment of syphilitic eruptions—viz., that if mercury has been given to a sufficient extent in treating the primary disease, we shall derive but little benefit from it in the secondary stage, in which case the iodide of potassium is indicated; whereas, if sufficient mercury has not been given at first, it will cure the secondary eruption while the iodide would be of no service.

* I have seen no remedy equal to the iodide in the treatment of gonorrhoeal rheumatism, in which disease it appears to act as a specific. I have used it in five-grain doses, dissolved in an ounce of camphor water, repeated three times a day, in a great number of cases of the above disease, and I do not at present remember it to have failed in a single case; but I have frequently observed, when it has been administered for more than a few weeks, its use has been followed by an eruption of psoriasis palmaris.

With regard to Mr. Hunt's remarks under the third division of his essay, I have to observe, that I have used his grand remedy, arsenic, in various forms of skin diseases with very great benefit, but certainly not with the universal success which he states has attended his own administration of it; and I am afraid that he furnishes another instance of the liability to colour too highly, in painting the effects of a favourite remedy. The cases he has hitherto published in your journal, (31st January, 1846,) do not appear to me to warrant his flattering inferences; but perhaps it is only fair to suspend our judgment on this head, till we have an opportunity of examining all his cases.

Filey, February, 1846.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MARCH 24.—DR. CHAMBERS, F.R.S. K.C.H., PRESIDENT.

CASES OF LATERAL OR PARTIAL ANEURISM OF THE HEART, WITH REMARKS. By T. B. PEACOCK, M.D.

THE first of these cases, which was the only one read in full to the Society, was that of a gentleman, thirty-one years of age, who was seized, two months before his death, with symptoms of subacute hepatitis, followed by pleurisy of the right side, slight lividity of the face, œdema of the ankles, and dyspnoea. While labouring under these symptoms, he suddenly experienced a sensation as of something having given way in the region of the heart, and became sick and faint; he rallied partially, but the dyspnoea became gradually more urgent, and he died on the fifth day from the period of his sudden seizure. On examination of the body, there were found old thickening of the serous coat of the liver, a large accumulation in the right pleural cavity, and an aneurismal sac, of sufficient size to have contained a hen's egg, at the apex of the left ventricle. The sudden sensation perceived five days before death, was doubtless owing to the rupture of the aneurismal sac, as the cavity of the pericardium contained bloody fluid, mixed with partially developed coagula. No distinct rent in the parietes of the sac was detected, but at the apex they were extremely thin. The termination by the rupture of the sac, in cases of aneurism of the heart, is apparently rare. In eight published cases this is stated to have occurred; but in all these, unlike that reported in the paper, death ensued immediately on the occurrence of the rupture. The formation of the aneurismal sac, it was thought, was probably owing to a previous attack of pericarditis.

The remaining portions of the paper were occupied with inquiries as to the several modes of origin of the cardiac aneurisms, and the detail of illustrative cases, the report of a case of aneurism of the left auricle, and remarks on the diagnosis of these affections during life.

The author agreed with Dr. Thurnam in regarding the disease as most frequently of the true form. Adopting a modification of the views of Reynaud and Cruveilhier, he ascribed the formation of the true aneurismal sac to an altered condition of the endocardium, combined with the fibrous transformation of the muscular walls of the ventricle. The production of these changes, he sided with Rokitsansky in referring to chronic inflammation, and suggested that their frequency at the base, and more especially at the apex, of the left ventricle, (the most frequent seat of aneurism,) might be owing to the thinness of the muscular substance in these situations rendering it more liable to be implicated in the diseased changes affecting its serous envelopes.

Preparations and drawings of the true aneurismal sacs, in their several stages of development, were exhibited to the Society.

The production of the false form of cardiac aneurism by rupture or ulceration of the endocardium and internal portion of the ventricular walls, or by the communication of the cavities of abscesses in the walls of the heart with the ventricle, the author stated to be rather doubtful than established. As illustrating the latter mode of origin, he detailed the particulars of a case in which an abscess formed in the walls of the auricles, and opened into the base of the left ventricle, and into the origin of the aorta, so that the blood penetrated into the cavity of the abscess. Had life been prolonged in this case, it was inferred that an aneurismal sac would have resulted, communicating both with the left ventricle and aorta, and resembling the form of disease observed by Dr. Hope, and referred to by Dr. Thurnam, as the dissecting aneurism of the heart. The case was further interesting from the extreme rarity of abscess or diffused suppuration in the walls of the heart.

In the case of aneurism of the left auricle related in the paper, the dilatation, which was not of very great extent, occu-

pled the appendix. Its cavity was lined by dense and laminated coagula. As in most of the recorded cases of aneurism of the left auricle, the auriculo-ventricular aperture was greatly contracted, and the sinus of the auricle dilated, and its walls hypertrophied.

In the section of the paper devoted to the diagnosis of the cardiac aneurisms, the author, after alluding to the physical signs which would probably be produced by sacs, referred to the various causes which might occasion similar phenomena, and the great difficulty and doubt which would probably always attend an accurate discrimination of the affection during life.

Dr. TAYLOR observed, that he should be sorry to let Mr. Peacock's paper pass without bearing his testimony to the care and accuracy with which it had evidently been prepared. The principal facts bore on the face of them the character of trustworthiness. The very merits of the paper were the more likely, however, to preclude much discussion upon it. He saw no reason to doubt the correctness of the views advocated by the author, and he thought it probable that the aneurism was an example of one of the less common consequences of inflammation of the serous membranes of the heart. He was not surprised that the disease had not been diagnosed during life. He had as great a sense of the value of physical diagnosis as any one, and as much confidence in its indications in the mass of cases; but every day's experience confirmed him in the belief that it was absolutely impossible to discover the exact nature of the affection in all cases. We might almost as soon expect to foresee what word would result from the shaking together of a number of letters of the alphabet, as to be enabled to say, in all instances, what particular combination of morbid changes was the cause of the physical signs observed.

CASE OF EXCESSIVE SECRETION OF THE AMMONIO-MAGNESIAN PHOSPHATE BY THE KIDNEYS, WITH LONG-CONTINUED VOMITING. By GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, and Assistant-Physician to Guy's Hospital.

This case was brought forward by the author in confirmation of the value of irritability of stomach as a diagnostic sign of calculous affection of the kidney. A lad, aged eighteen, was admitted into Guy's Hospital, under Dr. Golding Bird's care, with all the symptoms of scirrhus pylorus, with the exception of the non-existence of epigastric tumour. He had for four years been the subject of constant irritation of stomach, and had never, for twenty-four hours consecutively, ceased from vomiting, never having retained a meal during the period alluded to for more than an hour, often only for a few minutes. He was emaciated to a skeleton, and appeared actually sinking from exhaustion. There appeared (unless the vomiting were regarded as such) to be no demonstrable evidence of organic diseases. The urine had a foetid fish-like odour, was copious, limpid, rarely whey-like, of moderate specific gravity, and deposited crystals of triple phosphate in abundance. No hippuric acid or other abnormal element. The urine was alkaline on secretion, and always contained a large excess of the crystals alluded to. Treatment directed specially to the gastric symptoms, having failed to relieve in all hands, Dr. G. Bird prescribed strychnine in doses of 1-16th of a grain. The result was, the gradual diminution of the gastric irritability, restoration of the acidity of the urine, and the disappearance of the phosphatic crystal. After a few weeks' continuation of the medicine, the lad became convalescent, and actually fat. The author then entered into the question of the etiology of the disease, and expressed an opinion of its connexion with functional derangement of the spinal and ganglionic nerves. In conclusion, he pressed upon the notice of the meeting the value of strychnine as an anti-emetic remedy.

Mr. LLOYD was of opinion, with Dr. Bird, that the secretion of phosphatic urine in cases of disease of the spinal marrow was by no means uncommon; indeed, it was a sign for which he generally looked in those cases, but this state of urine was not, in his experience, at all associated with loss of flesh, or with stomach disease, as noticed by Dr. Bird. He had frequently met with these cases, and he mentioned one in particular which had existed for several years, the chief symptom being pain in the lower part of the spinal region; the disease was considered to be dependent on repeated attacks of lumbago. The urine, however, eventually became phosphatic, and the true nature of the case revealed. He was in the habit, in all such cases, of examining the urine by the aid of the microscope, and had always found phosphatic crystals present. He was not aware whether Dr. Bird in