other cases the roughest handling under adverse circumstances is borne with impunity. It is this uncertainty which has hitherto made me careful to do but little at the first sitting. But it may be that the boldest course is the safest; and it must be admitted that when cystitis does follow the first sitting, it is a comfort to feel that by the new method there are no sharp fragments to perpetuate the irritation and retard recovery. Cases such as these I have reported, and a study of those related by Bigelow, will go some way to win a place for this new method in English practice. What that place may be—whether it will extend the limits of lithotripsy, and, if so, to what extent; what modifications of it and improvements in it are possible,—these are points which further experience will decide. In the meantime I cannot forbear expressing my high appreciation of the work which Professor Bigelow has already accomplished, and of the fair, candid, and forcibly written essay in which he has advocated his views.

Norwich.

NOTES ON UNUSUAL OR RARE FORMS OF SKIN DISEASE.

By TILBURY FOX, M.D., F.R.C.P.,

PHYSICIAN TO THE DEPARTMENT FOR SKIN DISEASES IN UNIVERSITY COLLEGE HOSPITAL.

III.—CASE OF ACNE CACHECTICORUM.

EDMUND T. C—, aged fifty-three years, unmarried, and a “ne’er-do-well,” who had become broken in circumstances and a wanderer, consulted me in 1877 for an acneiform eruption studding the greater part of his skin. He was under the impression that he had syphilis when thirty years old, and had a chancre on the outside of the penis. He was certainly treated with mercury, but never had an eruption. He showed no sign of syphilis at this date (1877), and was not scrofulous. After four years spent in America in search of a living, during which time he endured great privations and lived very badly, sometimes not tasting meat for a month, and living to a great extent on brandy-and-water and tea, he returned to England in 1873, and then first noticed some spots on his legs, for which he consulted a medical man. Probably the patient was looking very cachectic, for he was told he wanted potash in his blood, and was directed to take plenty of well-cooked vegetables and meat. He then lived under slightly better conditions for two months, and badly again for fifteen months. The spots were not very much noted at this time, but still confined to the legs. In March, 1875, in consequence of coming into possession of a little money, he stopped at the seaside for five weeks, and indulged in various excesses. Here he grew worse in health, fresh crops of spots came out, and for the first time a few on the back of the forearm, and the old spots became inflamed. On his return to London his doctor diagnosed secondary syphilis, and treated him accordingly for three months, but without benefit. The eruption continuing, he attended a hospital for three months in the summer of 1876. Subsequently he took a series of Turkish baths, and in April, 1877, he applied for treatment at University College Hospital. At that time his legs, from the groin downwards to the ankle, and the arms to just above the elbow, were dotted over pretty thickly with very indolent unmistakable acne spots having a hard *livid base* and a slight purulent cap in many cases. They were most numerous situated on the front of the thigh and back of the leg, and on the external aspect of the arms. There were none on the trunk nor on the face. The patient was put upon cod-liver oil and a mixture of dilute nitro-hydrochloric acid and perchloride of iron, and at once commenced to mend. Circumstances enabled him at this time to lead a more settled life, and consequently he was enabled to take meat and vegetables at least twice daily, and on October 30th, 1877, two or three months afterwards, he presented himself without a trace of eruption excepting some staining and faint pitting here and there. During the time he remained under observation the man had no itching whatever and no other uncomfortable sensation about the skin of any kind, which was a remarkable character of the eruption. Nor could I detect any sign of syphilis about him.

Remarks.—Hebra describes this disease as occurring in cachectic persons and especially scrofulous subjects, and also in patients recovering from scurvy; and in the latter case as having a purplish hæmorrhagic border around the separate spots; the eruption resembles a syphilitic rash, but leads to no specific ulcers. My case fulfils exactly the conditions pointed out by Hebra as belonging to the disease following in the wake of scurvy.

Iodide of potassium may in some cases excite an acneiform rash, more or less generally about the body, especially the limbs, but it is acne of a bright-red hue and active progress; it subsides on the omission of the drug, and is not necessarily connected with cachexia.

I record this case of acne cachecticorum for the special purpose of contrasting it with pruriginous hydroa. The latter is essentially a *pruritic* disease, perhaps the most pruritic disease there is, made up of paroxysmal attacks of eruption composed at the outset of small bullæ, which may become somewhat purulent, and resemble acne spots, but which soon subside into pruritic papulations, and torment the patient for weeks and months. Acne cachecticorum is never pruritic; it is as indolent and sluggish a disease as can well be imagined. It is not paroxysmal in its attack; it is associated with definite cachectic conditions.

The case of disease recorded in a recent volume of the Medico-Chirurgical Transactions as one of acne cachecticorum is not that disease at all. It was an instance of pruriginous hydroa, and was under my care and observation some time. It was a very pruritic disease, made up of paroxysmal outbreaks of small bullæ and quasi-herpetic patches, not acneiform in any sense, and essentially neurotic in origin.

HYDROCELE OF THE FEMORAL CANAL.

By SAMUEL OSBORN, F.R.C.S.

HYDROCELE occurring in the female subject is always rare, but that of the femoral canal is less frequent than that of the canal of Nuck. The following case I believe to have been hydrocele of the femoral canal, or, in other words, a process of peritoneum projected from the general peritoneal cavity, and not a hydrocele of a femoral sac, where the communication with the peritoneum is shut off by either intestine or omentum becoming adherent to the mouth of the sac. My reasons for so thinking are that after the withdrawal of the fluid no impulse was obtainable on the patient's coughing, nor was there on manipulation any sensation of there being a rupture in the femoral canal.

Caroline S—, aged fifty-two, single, first noticed a swelling in her right groin eighteen months ago. About the same time she had been troubled with much sickness, and was attending as an out-patient at Middlesex Hospital, but is quite sure that the swelling did not commence during or immediately after a fit of retching. When first noticed she states that it was the size of her little finger, rather elongated, and like a swollen vein. For fourteen months she had no pain or trouble of any sort from the tumour, but four months ago it began to get much larger—in fact, twice the size it was before, and very hard. She then saw a doctor, who said she was ruptured, and she thinks he reduced a portion of the swelling, as it again went back to its original size. About fourteen days ago it again became larger, causing her much pain. This time she fancied she reduced the swelling somewhat herself. She had never worn a truss.

She first came under my notice at the Surgical Appliance Society, to which she had applied for a femoral truss, believing herself to have an irreducible hernia. On examination there was found to be a tumour over the saphenous opening about the size of a bantam's egg, smooth, fluctuating, and transparent by transmitted light, with some hard nodules below and at the inner side. When first seen taxis failed to make any alteration in its size; on a subsequent occasion, however, taxis succeeded in partially reducing the swelling, but the same evening it was again as large as at first.

Nov. 8th.—Cyst tapped and completely emptied; about nine drachms of clear, pale-yellow serous fluid being withdrawn, identical in all respects with the fluid obtained from a hydrocele of the inguinal canal. The hard nodules more

distinctly felt after the evacuation of the fluid were diagnosed as glands, as similar indurated lumps were felt about the saphenous opening of the opposite side. A pad of lint was bound on by a spica bandage to keep the surfaces of the sac in contact.

9th.—No pain or sickness. On removing the bandage the cyst was found to be still empty. Bandage reapplied until a femoral truss could be supplied.

19th.—Patient got up wearing a femoral truss, having been confined to her bed during treatment.

Dec. 5th.—No reaccumulation of fluid in the cyst.

Maddox-street.

HYPODERMIC INJECTION OF HYOSCYAMIA.

By ARTHUR LEARED, M.D., F.R.C.P.,

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THE following case is of interest in connexion with the administration of hyoscyamia, now proved to be a drug of great sedative power.

A gentleman, the subject of phthisis, had morphia nightly injected subcutaneously on account of sleeplessness and a condition of general irritability. The quantity had been gradually increased, until a grain was reached. Wishing to break through the noxious habit, I substituted for the morphia one-fortieth of a grain of hyoscyamia. In less than ten minutes after the injection the patient complained of giddiness, with a sense of compression at the top of the head. In half an hour after the injection some milk, recently swallowed, was vomited. Delirium now set in, the patient talked incoherently, and was with difficulty kept lying down. A curious effect of the drug was observed. Every object seemed much nearer to the patient than it really was. He would grasp wildly at something invisible to the bystanders, and this, on inquiry, was found to be the bed-post, placed at a distance of about four feet from him. When a cup was handed to him he invariably tried to seize it at a point nearer than where it really was. He constantly caught at insects, with which he said the bedclothes were covered. The pulse was quickened, but its volume seemed little altered. The pupils were widely dilated, and the sight so much affected that he was unable to read the address on a letter, even when the active effects of the drug were subsiding. The delirium and perversion of vision lasted upwards of four hours, after which time the compressed feeling in the head and obscurity of vision remained, and it was not until twenty-four afterwards that all sensations induced by the alkaloid had passed away.

The solution used was made by Messrs. Dinneford from the crystalline alkaloid. It is plain, from the accounts given in THE LANCET by Drs. Lawson, Prideaux, and Coghill, that the potency of the drug varies greatly. Dr. Lawson stated that he swallowed three grains, while Dr. Prideaux mentions one-sixth of a grain as the dose for subcutaneous injection. I congratulate myself on having used a much smaller quantity.

In connexion with my case there is one circumstance to be taken into account—namely, that the patient had been long accustomed to morphia, between the action of which and that of hyoscyamia an antagonism appears to exist. As the latter was injected at the time when the artificial want of the morphia was being felt, it may be that the action of the hyoscyamia was intensified by this circumstance. If this be the case, caution is necessary when antagonistic drugs are employed in succession in such a way that one is given just when the effect of another has subsided.

A preference is expressed by some of the writers quoted in favour of the amorphous alkaloid. I have always believed, in common with, I think, most people, that alkaloids in the crystalline form, when obtainable, are always to be preferred, as being most stable and most potent.

THE THERAPEUTIC VALUE OF REST IN THE TREATMENT OF DISEASE.

By ARTHUR E. T. LONGHURST, M.D.

THE principles of treatment advocated by Professor Hilton in his lectures on "Rest and Pain," doubtless contributed very materially to the successful issue of many a serious and important case in surgery, and the study of mental disease has taught us much of the value of rest, but the practice of medicine has not, perhaps, yet derived its full measure of benefit from an application of the principle of rest in the treatment of disease. Yet, in the study and teachings of medicine, as in other scientific research after truth, if we only observe and follow out natural laws and indications, we shall have much that will guide us to what must be at least a rational course. Let us also bear in mind the teaching of the author mentioned, that practically the maximum of result is co-equal with the minimum of disturbance, and that rest becomes the great fosterer of repair.

In speaking of the advantages of rest in the treatment of disease, I desire to use the word in its most comprehensive sense, and in considering the principal diseases and affections of any of the great systems of the body, we cannot fail to see the importance of rest for the work that nature has to do, both in repelling the attacks of disease and in completing the work of repair. In affections of the brain and nervous system, whether as the result of injury or disease alone, or of both causes combined, is there any single agent of treatment so valuable as rest? Take, for instance, perhaps, the slightest of cerebral affections, "concussion." What a lengthened rest of mind and body is very often necessary to recovery, or for the prevention of serious disease. In "compression," due to fluid extravasation, of what vital moment is rest. Equally, in affections of the membranes or substance of the brain, or in that state of arterial tension and inequality due to fibroid or other degenerative change in the bloodvessels, which is too often the forerunner of apoplexy, rest is our first consideration. Again, in conditions of extreme nervous exhaustion, as in the overwrought brain, or in delirium tremens, of what value is rest?—when even opiates sometimes fail to induce that most perfect state of rest, sleep, and we obtain it by placing the sufferer as far as possible in a condition of mental and bodily quiet, and by giving milk and other easily assimilated nourishment, with or without chloral and bromides. In affections of the spinal cord and its membranes, how often has a lengthened rest in the horizontal posture been followed by recovery.

In affections of the circulatory system, we have an example of a twofold character. The heart itself, obtaining no lengthened period of repose, is less amenable to treatment, even of the nature here advocated. The bloodvessels, on the contrary, are most favourably influenced by certain postures in which they obtain rest, and disease is modified accordingly, as shown in the recumbent treatment of aneurism of the aorta, or in the complete rest given to the sac which follows the surgeon's ligature of the smaller vessels.

In the respiratory system the importance of the principle of rest is seen in the need of quiet, in the absence of conversation, and in the use of nervine sedatives in irritable states of the respiratory tract of the medulla, as in spasmodic asthma, whooping-cough, &c. Affections of the digestive and urinary systems also are very markedly influenced by certain conditions and treatment which give rest to the troubled viscera—notably certain states of the stomach in which vomiting is a distressing and urgent symptom. Yet how sensibly and often speedily is it relieved by withholding all ingesta for a time, and by covering the epigastrium with a warm soothing poultice or an application of belladonna, or other sedative acting on the ganglionic nervous centres. The liver, over-stimulated by dietic excess or indiscretion, loses its proper rest and becomes disorganised, unless by a change in the mode of life rest can be secured for it. The kidney, too, if its functions are disturbed by the abuse of alcoholic drinks entailing an unnatural and continued strain on its organism, alike suffers from loss of rest, undergoing permanent degeneration and decay.

In affections of the serous membranes, especially in acute inflammations of their structure, how important an agent is rest; and if, in pericarditis, we can moderate the heart's

VACCINATION GRANTS.—Mr. Edward Scott, of Bromley; Mr. Roworth, of Orsett; Mr. John Taylor, of Halstead; Mr. P. B. Stoney, of Millom; Mr. Edward M. Spooner, of Blandford; Mr. Bey, of Donhead St. Andrew; Mr. F. Wimble, of East Malling; and Mr. Drinkwater, of Bicester, have received Government gratuities for efficient vaccination in their respective districts.