What, it may be inquired, is the cause? Is it to be attributed to the old and hackneyed notion of gastric derangement? or to the increase of certain kinds of provisions from abroad, such as fruits, vegetables, &c.? for as it is now well known, scarcely any of the fruit in the London markets is home grown; or is there anything peculiarly deleterious to English stomachs in the foreign wheat which has been so largely imported into this country? or is it owing to some of the many adulterations which are found so extensively mixed with our daily food, such as coffee and sugar? which have in your valuable journal already been noticed, although I think that beer, tea, and bread, will afford still more important disclosures. Or, can this malady, on the contrary, be owing to the great increase in the consumption of meat, and that nature is by these means eliminating from the system what to many is a poison—viz, matter rich in nitrogen? In many cases there can very fairly be found an exciting cause in a peculiar susceptibility of the skin and sub-areolar tissue which disposes these parts to take on this form of action, as I have lately seen it occur very frequently after the application of a blister. From whatever cause it may arise, the inquiry is one that is full of interest to all, for it attacks, as I think I have pretty good evidence to prove, in a modified manner, all ranks and classes of society.

I cannot say I am willing to adopt any of the above theories, as I believe the disease to be owing to a peculiar form of miasmatic poison which is at the present time pervading the atmosphere of London in the same way that cholera and influenza have so lately done. And I consider, also, that this form of complaint follows shortly after, as surely as influenza precedes cholera; and I cannot but think that many of your readers, upon due investigation, will believe with me, that the malarious origin of this furunculoid disease is the only tenable doctrine.

It would be useless, and indeed tedious, to occupy your valuable space by relating cases of this troublesome complaint; scarcely a day elapses that one form or another of it is not presented to my notice amongst some class of society, and doubtless many of your readers have experienced as great a prevalence of the disorder, as would induce them to give it the title I have affixed to it—viz., the prevailing epidemic. It may doubtless be supposed by many as too trifling to investigate. I would ask such, Is there any disease, in which, the general health being good, greater pain is experienced? or, Is there any complaint, which, if it does not happen to disturb the general health, wages greater war against the amiability of individuals? Those who have suffered will readily answer in the negative.

The treatment is, in many cases, by no means satisfactory: it is so well understood, theoretically, and supposed to be known practically, that to make any detailed remarks upon it would be considered extreme presumption on my part. Acids by some, alkalies by others, with tonics and poultices *ad libitum*, are generally considered the sum total of treatment. Still, in spite of this, the boils continue to appear, first in one place and then in another, and this, indeed, will be the case unless a very free opening be made, and in many cases, a crucial incision. This is the plan I always adopt, combined with constitutional treatment, and I have not found that my patients have been troubled with their companions long afterwards, severe as such treatment may appear for a trifling disorder.

Wellington-street, London-bridge, Feb. 1851.

OBSERVATIONS ON THE TREATMENT OF SOME OBSTINATE DISEASES OF THE SKIN, AS PURSUED IN THE PARISIAN HOSPITALS.

By JAMES W. BEGBIE, M.D. Edin.

LUPUS.

In looking over the various methods of treatment which have been employed in lupus, it is curious to observe the great diversity of opinion that has existed, and still exists, in regard to the comparative efficacy of general and local medications, some condemning constitutional treatment as altogether useless, and others strongly recommending its employment. It appears to me that the most successful treatment of lupus will be found in a happy combination of constitutional remedies, and local applications, and to the truth of this, my observations in the Hospital Saint Louis amply bears witness. Lupus, M. Devergie divides into two classes, *lupus exedens*

and *lupus non exedens*. It is of the former I wish now to speak. This, the *lupus exedens*, may be further distinguished as *tubercular* and *non-tubercular*, the chief differences between these two being, that the tubercular form is deep in its ulcerations, rapid in its progress, hitherto little amenable to treatment, and has its seat almost without exception on the face. The non-tubercular is a true *lupus exedens*, yet is less rapid in its progress than the tubercular, less deep also in its ulcerations, gaining extent more by the surface of the skin than by corroding deeper textures, is more amenable to treatment, and almost invariably has its seat upon the trunk; usually the back or shoulders are the parts affected by it. It has been seen but very rarely on the face. It is in the constitutional treatment of lupus that M. Devergie places most confidence, and the remedy I have seen most successful in his hands is the cod-liver oil. Many authors have spoken of a connexion subsisting between lupus and phthisis, and it appears at least to be true, that frequently patients suffering from lupus are carried off by tubercular deposits in the lungs and abdomen. The interest of this connexion will be increased if its existence may not be considered as having received a further proof, when the fact is established, as I think it cannot fail to be, that as in phthisis, so in lupus, the best, I had almost said the only remedy, is cod-liver oil. The oil is sometimes prescribed after the English fashion, in desert spoonfuls three times a day; more generally the doses are smaller, and repeated at lesser intervals. In all the cases I have seen treated in this way, the oil has been prescribed immediately after the patient's entrance into hospital; in most, its continuance for a few days has been sufficient to produce a favourable change in the appearance of the disease, while in almost all its persistent use for a period of weeks has resulted in cicatrizations of the part affected, and in a greatly improved condition of the general health. Some cases I have seen resist this treatment, and that after a very fair trial of the oil; but in all these, it is worthy of note that the constitution was thoroughly impregnated with the syphilitic taint.

In cases of this kind I have generally seen M. Devergie adopt a mixed treatment, and in two such, the exhibition of mercury in small doses along with the oil was followed by the best results. Iodine in its various forms, and arsenic in its scarcely less numerous, I have seen employed in the treatment of lupus, but with results greatly inferior to those obtained by the cod-liver oil. In respect to local applications the proper period for having recourse to them is when constitutional treatment has failed to produce a perfect cure. The epispastics generally employed by M. Devergie is the chloride of zinc made into a paste with a little flour and water. After its application, which should be confined as nearly as possible to the part affected, the paste soon becomes solid and hard, it remains attached in general for about five days, after that it separates, and if its remedial powers have been properly exercised, a cicatrix is disclosed which remains permanent; if instead of a cicatrix, fresh tubercles are found making their appearance, the paste must be again employed. It is comparatively seldom that two, and very rarely that more than two, applications of the epispastic are required. M. Devergie regards it as very favourable for a patient affected with lupus, to suffer a slight erysipelas, and the good effects of epispastics he considers to be due in a considerable measure to the occurrence of an erysipelatous inflammation in the diseased part.

My chief object in this communication is to direct attention to the efficiency of cod-liver oil in the treatment of *lupus exedens*. In the excellent work on diseases of the skin by the late Dr. Thomson, and edited by Dr. Parkes, mention is made of the employment of cod-liver oil in lupus, but not of the measure of success which followed its exhibition. My observations in Saint Louis allows me to speak most strongly on this point; and as embodying my experience in few words I may give the following conclusions:—

1. That the constitutional treatment of lupus by cod-liver oil is eminently useful and successful.
2. That when the constitution of the patient suffering from lupus is strongly affected with the syphilitic taint, a method of treatment such as that already adverted to in this communication will probably be found more successful than the exhibition of the oil alone.
3. That epispastics should only be employed when constitutional means have failed to produce a perfect cicatrix. Probably the best epispastic is the chloride of zinc.

(To be continued.)

Paris, April, 1851.