

nancy, was to be detected. I suspected extra-uterine pregnancy, but what complicated the diagnosis was that early in 1867 the uterus began to enlarge, and, on examination, seemed more and more as if pregnancy existed. The above-mentioned tumor at one side of the uterus became more evident and more tender to the touch; and in May, and several times later, local peritonitis showed itself in the region of the tumor. These symptoms lasted till the latter part of June, when pieces of bones (ribs, pelvic bones and vertebrae, which on comparison with preparations in the physiological cabinet proved to be parts of a four months' fœtus) were passed per anum. In the same month, the patient was seized with uterine pains, followed by the discharge of water on several occasions. On the morning of Sept. 20th labor pains set in; they were weak and at long intervals, and at 4, P.M., ceased altogether. The head of the child presented in the first position. As the os uteri was almost wholly dilated, and the movements of the child and the foetal heart's action grew weaker and weaker, and the woman seemed in a dying condition, she was put under the influence of chloroform, forceps applied, and delivered of a vigorous, full-grown boy, which is now alive and in perfect health. The discharge of bones per anum was last noticed in November, 1869.

Selected Papers.

ON THE TREATMENT OF PSORIASIS BY BALSAM OF COPAIBA.

By HENRY SAMUEL PURDON, M.D., L.R.C.P.; Physician to the General Hospital and to the Hospital for Diseases of the Skin, Belfast, Ireland.

THE following short communication is intended to call the attention of the profession to an excellent remedy for psoriasis, viz.: the balsam of copaiba, a drug, introduced some three years since into the list of cutaneous therapeutics, by M. Hardy, of St. Louis Hospital. The way it was found to possess special virtues for curing psoriasis may be reported as follows: A patient was admitted into hospital suffering from gonorrhœa and psoriasis; as it was necessary to have the former complaint well, before commencing treatment for the latter, he was ordered copaiba, the result being that not only the gonorrhœa, but also the psoriasis rapidly disappeared.

Copaiba is an oleo-resin, acting medicinally as a powerful stimulant to mucous membranes, exciting readily a new action in those structures when diseased, probably not only by both actual contact, as in the blood or urine, but also through means of the nervous system; hence copaiba is occasionally prescribed in some forms of bronchitis, affections of the bladder, urethra and rectum.

We know that erythema and urticaria are frequently caused by the administration of copaiba, the last mentioned disease being now recognized as a "cutaneous neurosis."* I wish, however, first to say a few words on psoriasis, which is a cutaneous disease, "peculiar to itself," difficult to permanently cure, and prone to relapses. In its early stage a *patch* of psoriasis presents a more or less congested appearance, very slightly raised above the level of the surrounding skin, having no tendency to spread by continuity of surface, but gaining in extent, through the joining together of isolated spots of either psoriasis guttata, or punctata. In the chronic stage, the subcutaneous cellular tissue is occasionally infiltrated, the disease under notice being regarded especially by German dermatologists as an inflammatory condition of the outer layer of the corium and papillary bodies, accompanied by cell-proliferation, giving rise to well-marked enlargement of the papilla. We, moreover, know that nerve-irritation can induce rapid cell-formation and metamorphosis. If debility be likewise present, there is no doubt diminished control over the tissues, consequently the nature and intensity of the exciting cause must be allowed to exert more or less influence upon cell-growth, and the well-known silvery-looking scales characteristic of psoriasis, situated upon a red and infiltrated corium, are caused by increased desquamation of the epidermis; hence, in treating the chronic stage, various local stimulating applications are used, as for instance, tar, oil of cade, creosote, carbolic acid, preparations of potash, &c.; likewise we give internally "stimulants" which is only another word for a division of tonics, as arsenic, a pure nerve tonic, quinine, &c. But to return from this digression. During the last eight months I have had under treatment at the Belfast Hospital for diseases of the skin an unusually large number of cases of psoriasis. The opportunity thus offered of grouping together a certain

* Hardy has described a case of pemphigus occurring during the administration of copaiba. Hebra has described a case of urticaria in which several of the pomphi passed into bullae.

number of cases, and of investigating the different effects of certain remedies, as arsenic, carbolic acid, hypophosphite of soda, cod-liver oil, quinine, balsam of copaiba, &c. In some cases local treatment was also ordered. Without, however, entering into details regarding the different modes of treatment, or extending this paper with the recording of cases, I may be permitted to say that the treatment of psoriasis, *when no acute symptoms were present*, by large doses of balsam of copaiba, given with a little liquor potassa, mucilage and water, has been highly gratifying, especially in cases where it has produced extensive urticaria; indeed, the dose should be increased till the latter is established. I have also been able to discharge the patients sooner by means of the balsam treatment than by any other, nor have any of them as yet had a relapse, which in psoriasis is generally the rule, but, of course, the time is too short to speak definitely on this point.

Can any satisfactory reasons be given for the success of this plan of treatment? I am inclined to think that it acts somewhat as follows: We know that urticaria is a cutaneous affection, generally due to irritation of the mucous membranes either of the stomach, or of the uterus, in the former instance presided over by the solar plexus, in the latter by the uterine nerves, the cutaneous manifestations being merely symptomatic, as, indeed, nearly all skin diseases in the first instance are, afterwards becoming local affections, accompanied to a certain extent by alteration of structure in the part attacked. Now, if psoriasis is an inflammatory disease of the skin, we have, by prescribing copaiba, either as balsam or as oil, the power in most instances of producing erythema, often associated with urticaria, a condition of things analogous to an acute inflammation of the skin from a definite, or specific cause; indeed, the erythema may be regarded as inflammatory, at any rate it is often the first stage of inflammation. Now, according to John Hunter, two inflammations cannot co-exist, the most recent usually destroys the other, as is observed in what has been called the abortive treatment of gonorrhœa by a strong injection of nitrate of silver; again the wheals produced on the skin by copaiba are nearly bloodless, hence absorption can and does more readily take place, the activity of absorption being usually in an inverse ratio to that of the circulation. The serous engorgement must also be got rid of; this condition just described being favorable to the removal of the hypertrophied papilla

and infiltrated state of the corium, due to a "bloomed" condition of their cell elements as existing in psoriasis. I am the more inclined to this view by the fact of one variety of urticaria being occasionally exhibited, called *lichen urticatus*, generally occurring during the course of acute febrile diseases, and we have a good deal of febrile disturbance of the system when the stomach is "upset" by copaiba. The primary lesion of psoriasis is of a more or less papular character, if I may so express myself; hence the psoriasis punctata and guttata are acknowledged by dermatologists to be the commencing varieties of that disease. Bateman was aware of this when he tells us that Willan's three first species of lichen often lose the papular form and "occasionally pass into psoriasis."

Balsam of copaiba then by causing derangement of the stomach, of a mere temporary character, inducing irritation that is conveyed to the solar plexus, the great centre of the sympathetic system presiding over organic life, and consequently nutrition, by this means exerts most probably what I may call a reflex influence upon the nutrition of the skin; the nerves presiding over the part or parts attacked, are awakened to a state of intense excitement, as may be proved by the formation of wheals, due to vaso-motor nerve spasm in the first instance, and the influence exercised by such local disturbance on the cutaneous nerves causes the normal processes of textural life to be improperly performed.

The following note of one of my cases is interesting. The patient, a girl aged 15, who had never had rheumatism, employed at a sewing machine, catamenia regular, no family history of chorea, and enjoyed good health till about ten months since, when psoriasis appeared first on knees and elbows. Three months ago she came under treatment. I commenced the copaiba in half drachm doses thrice daily, and in three weeks the eruption (although no urticaria or erythema was produced) began to fade. About a week after this date symptoms of chorea exhibited themselves, the facial muscles first attracting attention, and in another fortnight the disease was fully developed, accompanied by a dynamic cardiac murmur at left apex. The copaiba was discontinued on the first symptom of chorea becoming manifested, and wine of iron with Fowler's solution substituted. Was this a case of what Trousseau, in writing regarding the influence of skin diseases on development of chorea, called "the mutual transformation of diathesis?" or was it due to debility,

so common a cause of not only psoriasis but also of chorea? The only author that I know of who mentions the combination of psoriasis with chorea is Dr. Handfield Jones. At the present time (April) I am happy to say my patient is quite well of both complaints.

Bibliographical Notices.

Insanity and its Treatment: Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. FIELDING BLANDFORD, M.D., F.R.C.S.L., Lecturer on Psychological Medicine at the School of St. George's Hospital, London. With a Summary of the Laws in force in the United States on the Confinement of the Insane, by ISAAC RAY, M.D. Philadelphia: Henry C. Lea, 1871. Pp. 471.

THE literature of mental diseases has, until within a few years, been somewhat neglected; the men who have successfully coped with the disease practically have not been impelled to put their experience in a shape to be used by their fellows.

The work of Dr. Blandford, however, adds another to the valuable treatises which we have had recently put before us on Insanity and Mental Diseases. It is a concise manual for the practical use of the physician, and the author has succeeded in a remarkable manner in putting into intelligible shape the manifestations of disorder in the mind, feelings and ideas.

Dr. Ray has, in addition, placed us under obligations by adding to the work of Dr. Blandford a synopsis of the laws of the several States of the Union respecting the confinement of the insane.

The Eye in Health and Disease; being a Series of Articles on the Anatomy and Physiology of the Human Eye, and its Surgical and Medical Treatment. By B. JOY JEFFRIES, A.M., M.D., Ophthalmic Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, &c. Boston: Alex. Moore. 1871. Pp. 119.

THIS little volume is a re-print from the pages of the periodical *Good Health*, and is issued in its present form for "the instruction of the laity in reference to the care of the most wonderful and delicate organ of the body." If it be desirable that the laity

receive that "little learning" which is apt to put its possessor in a certain amount of danger; if it be advisable to popularize medical science so that its truths may become a subject of table-talk—a question we do not now discuss—then Dr. Jeffries has done well in putting this information before the people. In looking over the little volume, we find he has crowded into very small space a large amount of information concerning anatomy and physiology, myopia, test types, accommodation, cataract, artificial pupil, the ophthalmoscope, &c. As a *résumé* of what is known on the eye, the book cannot be amiss to the physician; besides this, we hope that it will accomplish the aim of the author, viz., induce the public to give greater care to their eyes, and, when they are diseased, seek the advice of those best fitted to care for them.

On the Physiological Effects of Severe and Protracted Muscular Exercise; with special reference to its Influence upon the Excretion of Nitrogen. By AUSTIN FLINT, Jr., M.D., Professor of Physiology in the Bellevue Hospital Medical College, &c. New York: D. Appleton & Co. 1871. Pp. 92.

THE interesting series of experiments made by Dr. Flint, in connection with Drs. Doremus, Dalton, Mott, Van Buren, Flint (Sen.) and Hammond, upon the person of the pedestrian Weston while engaged in the severe exercise of protracted walking, have been taken from the pages of the *New York Medical Journal* and are now presented in book form. As an example of patient investigation of interesting physiological processes it can hardly be excelled. In spite of a certain want of attractiveness incident to books of a purely statistical character, the work is of great interest, especially as it presents important conclusions of a definite and positive character which have a bearing on practical physiological questions.

A NEW EMETIC.—Apomorphia is highly recommended in the *Journal of Applied Chemistry* as being most rapid in action, and as unaccompanied by any deleterious effects. It is obtained by dissolving morphia in hydrochloric acid (concentrated) at a great degree of heat. The dose required is one-tenth of a grain or less, and will be found most efficacious when administered hypodermically.—*Exchange*.