

I adopted. The type of the disease was most virulent. Generally no premonitory symptoms, hardly any vomiting or purging; persons in perfect health, after vomiting once or twice, were at once seized with rapid and deep collapse.

I tried every possible remedy, from the orthodox cholera mixture and pills to the injection of liquor ammoniac in the veins. The hypodermic injection of morphia, recommended by a writer in THE LANCET as having given good results at Constantinople during the epidemic that prevailed there, totally failed. Salt-and-water enemas and exhilarant stimulants were also unsuccessful.

"*En desespoir de cause*," I thought of destroying the poison in the body itself by means of some powerful disinfectant, believing that if this were possible, we ought, in many cases apparently hopeless, to save life, and, once the cause removed, by merely directing and assisting nature obtain a good percentage of successes. I selected chloralum—the chloride of aluminium—not only on account of its freedom from smell and taste, but also because it could not, diluted with water, do harm if it did no good.

I made a mixture of one part of liquid chloralum to twenty-five of water, and directed that an ounce of the mixture be given every half hour, and that an enema, containing sixteen ounces of the mixture, be administered every hour. Undiluted chloralum was to be sprinkled frequently on and around the bed. In the two successful cases the remedy was given less and less frequently, as the reaction became more completely established.

I can only regret that I did not think of the chloralum mixture sooner, as it is difficult to judge of the value of a remedy on such a limited number of cases. Still it should be remembered that it was employed in *very desperate cases*, quite as unfavourable as those previously treated by various other means, and which had all of them ended fatally. Theoretically we have a better chance of success with an antidote than by the employment of drugs, which are directed merely against the symptoms of the disease. We know that opium and alcoholic stimulants do much harm, and as for purgatives—castor oil or calomel—they are of more use in the druggist's bottle than in the stomach of an individual rapidly sinking under the deep collapse of a severe attack of cholera. I am far from asserting that we have in chloralum "the remedy" for cholera; still, should this dreadful scourge visit the shores of England, there can be no objection, in presence of the cases here recorded, to give the remedy a fair trial.

The second case given above, and which was followed by death, should not be considered as an unsuccess. The patient refused in my presence to take any European medicine, and it was only after much coaxing that he swallowed a dose. Doubtless after my departure he was allowed by the native medical subordinates to have his own way. In order to ascertain the real value of chloralum in cholera, it should be given before other medicines have been administered. In cholera we have but too often to contend against two evils, the disease itself, and the previous indiscriminate use of a host of remedies, most of them, if not all, adding their noxious influences to the many difficulties we have already to contend with.

Rue de la Paix, Paris.

## CASES OF RINGWORM TREATED BY OLEATE OF MERCURY.

By LEONARD CANE, M.B. & B.S. LOND.

IN introducing the use of oleate of mercury, in a clinical lecture published in THE LANCET on May 25th, 1872, Mr. Marshall mentions its applicability to certain skin diseases, and the record of the following cases of ordinary ringworm (*tinea circinata*) treated by oleate of mercury may be serviceable.

CASE 1.—Here there was a well-defined, slightly-raised circular patch of *tinea circinata* on the side of the neck, about the size of a two-shilling piece. The spot was rapidly extending itself, and its edge was marked by a circle of small vesicles, situated on a slightly inflamed base. The centre presented a "branny" appearance, owing to its being covered with fine brownish scales. These scales when

treated with liquor potassæ were found under the microscope to contain numerous spores and threads of fungus.

On June 3rd a few drops (about twenty) of the oleate of mercury (10 per cent. strength) were *gently* rubbed over the spot with a piece of lint. The oleate was applied beyond the diseased patch.

On the third day the patient was again seen. The site of the patch was marked by a flat, circular, reddened spot of the same dimensions as the original. There were no vesicles, and no traces of any fungi could be found. The spot appeared to be completely cured, but as a matter of precaution it was deemed advisable to reapply the remedy. It was therefore dabbed over the surface, about five drops being used.

Since then there has been no reappearance of the disease. In this case the oleate caused no inconvenience whatever. There was no staining of the skin, no pain after application, and the cure was rapid.

CASE 2.—This was a much more severe case. The disease had been treated by various remedies—namely, by glacial and ordinary acetic acid, by iodine, &c.,—and although these had stopped its progress for a time, it had invariably broken out afresh. When first seen the disease was extending almost round the whole of the back of the neck, from the angle of the jaw on one side to that on the other. It was also spreading very fast up into the hair, and for a distance of more than an inch the hair on the back of the head was invaded by the disease. There were also isolated patches on the chin, below the angle of the mouth, and on the upper lip. There were several scars where glacial acetic acid, and I believe also strong nitric acid, had been applied, and in one place there was a troublesome sore produced by the strong acid, which was kept up by the rubbing of the collar. The disease had existed for several months, and a second case had occurred in a house where the patient had been staying whilst the patches were on his neck. The newer spots were well marked and highly characteristic, and afforded abundance of sporules, &c. The site of the older ones was reddened by inflammation, and discoloured by the application of the various remedies mentioned.

On June 16th, after cutting off as closely as possible all the short hairs, so as to remove as much of the fungus as it was possible, I applied the oleate of mercury (ten per cent.) over the whole of the affected skin, gently rubbing it in with a piece of lint. About half a drachm was used altogether. The isolated patches on the face were similarly treated. Care was also taken to rub the hair above the diseased part with the oleate. The patient was then ordered to wear a loose collar and not to wash his neck during the day. Some slight irritation followed the application, but this was trivial, and not for a moment to be compared with the pain produced by strong acids, &c. There was no staining of the skin, and, as the spots were in a prominent position on the face, this was no slight advantage.

On the 18th patient was again seen. There had been no fresh appearance of the disease, and the old spots had not extended themselves. There was still considerable redness over the old scars, and a few minute pustules produced by rubbing in the oleate, but there were none of the small vesicles which had been so evident on the former occasion. The oleate was reapplied over the places to ensure success.

On the tenth day after the first application the disease appeared to be completely cured. There were several pale red patches showing where it had been, whilst the spots on the face and chin had quite disappeared. The hair had begun to grow again, and showed no trace of the spores. The sore produced by the acetic acid before he came under my notice had scabbed over, and was now nearly well. A third application was made as a precaution where the hair had been affected.

When seen a short time afterwards, the skin appeared perfectly well, and there has since been no reappearance of the disease.

The advantages which oleate of mercury seems to possess over other remedies are:—

1. It is a *certain remedy* if carefully applied.
2. It *produces no staining* or injury of the skin. In cases where the disease appears on the face, it is of great importance to avoid any disfigurement or staining.
3. It is *painless* in its application. This is not the case

with the ordinary strong parasitocides, most of which produce vesication, &c.

4. It readily penetrates into the sebaceous glands, hair-follicles, and even into the hairs themselves, the mercury being in a state of solution in an oily medium, and it is therefore much more likely to destroy the fungus than the spirituous or aqueous solutions of mercury, &c. This penetrating power of the oleate may be increased by adding a small quantity of ether (one part to eight) to it.

In very sensitive skins the irritation sometimes produced by it may be avoided by using a weaker solution (five per cent.), and by applying it with a camel's-hair brush. In slight cases this method is all that is necessary, but where the fungus has invaded the hair it is advisable to rub in the oleate gently.

Queen-square, W.C.

## A CASE OF EXTRAVASATION OF URINE FOLLOWING AN ATTACK OF FEVER.

By E. W. KERR, M.B., M.C. DUB.

JAMES H—, aged eight, the son of a farmer, was first seen on the 16th of June last, when he was suffering from an extravasation of urine into the cellular tissue of the penis and scrotum, accompanied with considerable distension of the glans penis, which was in a state of paraphimosis from constriction by the infiltrated prepuce. The skin of the scrotum was enormously distended, of a pale dusky-red colour, and in some places fallen into gangrene.

The general constitutional symptoms were a cold and clammy state of the surface, with marked anæmia, a furred tongue, with a weak and compressible pulse (120), and a dilated state of the pupils. Bronchitic râles were heard all over both lungs, both front and rear, and the patient was distressed with a frequent hacking cough, accompanied with but scant expectoration. The decubitus was supine, with the legs drawn up. He complained of some abdominal tenderness, but there was no tympany or diarrhœa.

The previous history of the case, as far as could be learned from the friends of the patient, was that five weeks ago he had been prostrated by some form of continued fever accompanied with a red rash (scarlatina?) which had now entirely disappeared. During this period no medical aid had been obtained or sought for. From this illness he was gradually recovering, and presented no unfavourable symptoms till two days since, when he complained of an inability to pass water and a painful sense of distension of the bladder; this latter symptom after some time abated, and soon after the distension of the scrotum was first noticed. There was no history of stricture or calculus, nor could any cause be assigned for the retention or extravasation of the urine. I should also add that he was frequently heard to grind his teeth during sleep, and was continually picking his nose, and had twice lost a considerable quantity of blood by epistaxis.

The treatment of this case consisted in at once making free incisions into the scrotum on each side of the raphe and into the penis, thereby giving exit to a considerable quantity of acrid and putrescent urine, and simultaneously relieving the distension. Several small punctures were also made into the glans. A No. 4 gum-elastic catheter was, without much difficulty, introduced into the bladder, and a small quantity of dark-coloured and fetid urine was drawn off. The catheter was allowed to remain, and a large linseed-meal poultice was applied over the parts, and the patient was ordered bark and ammonia, with brandy-and-egg mixture.

June 17th.—The catheter was this morning removed, and he could pass water freely; extensive sloughing of skin and cellular tissue had taken place, and the tunica vaginalis was in parts exposed; the constitutional symptoms unaltered.

18th to 24th.—The sloughing continued until the whole of the scrotum was removed, and the process of repair by granulations was proceeding, till, on the 24th, the patient succumbed to an exacerbation of the constitutional symptoms. Unfortunately no autopsy was allowed.

Falcaragh, Ireland.

A Mirror

## HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### UNIVERSITY COLLEGE HOSPITAL.

ABSCESS BETWEEN THE DURA MATER AND THE SKULL,  
WITH PERSISTENT FEVER.

(Under the care of Dr. SYDNEY RINGER.)

THE following case presents many points of interest, as the persistent pyrexia, the blindness with the different ophthalmoscopic appearances of the two eyes, the destruction of the senses of taste and smell, the diffuse character of the pain in the head, and the flushing of one side of the face and neck.

Herbert G—, aged eleven, was admitted into the children's ward on April 16th, 1873. He enjoyed good health till two years ago, when a large abscess formed over the left collar-bone, accompanied by some necrosis, with loss of substance of the bone, and followed by a deep scar adherent to the bone. A week before Christmas he caught cold, and since then has had almost every day an "attack of heat," lasting about an hour, followed by a sensation of cold for two or three hours. During this time he never held up his head, but sat with it hung down and his eyelids partially closed, till a fortnight ago, when he accidentally discovered that he had entirely lost the sight of the right eye; and since this time he has held up his head pretty well, but has suffered from severe aching pains over this eye, especially at night.

On admission it was found that the patient was blind of the right eye, and that the sight of the left was failing. Both eyes, but especially the right, were rather prominent; and the movements of the right eye were very limited, the external rectus being especially and almost completely paralysed. The right pupil was moderately dilated, and unaffected by light. Dr. Gowers kindly made an ophthalmoscopic examination, and the following is his report:—"Right eye: Neuritis, which is apparently passing off. Area of disc occupied by a pale swelling of moderate prominence, with edges soft; nearly double diameter of normal disc. Veins rather large, but not distended; arteries of normal size. The left disc presents no evidence of neuritis, recent or present; inner half covered with normal vascular covering; outer half greyish white, having just the appearance of simple atrophy. There is no limitation of field of vision." The boy had completely lost the sense of smell.

With the exception of fever and headache, the above included all his symptoms. There was no paralysis of the remaining cranial nerves, nor of the trunk or extremities. His appetite almost to the day of his death remained good. When admitted he was well nourished, but towards the end of his illness he rapidly wasted. He never vomited, and his bowels were regular. His urine never contained albumen. During the whole course of his illness he suffered from severe, and latterly terrible, headache, situated mostly over one or both brows, but not unfrequently felt in the back of the head. It would sometimes pass from one brow to the other and then back again before the paroxysm terminated. The headache was never continuous, the paroxysms at first lasting only a few minutes, but latterly many hours. Noise and movement brought on the pain. When first admitted his mind was unaffected, but subsequently he had a good deal of delirium.

His pupils varied greatly, but generally they were widely but unequally dilated, the right never being affected by light, and afterwards the left only in a slight degree. He often flushed, but mostly over the left cheek, and at a later period a good deal over the left upper eyelid. The flush on the cheek also became more extensive, involving the ear, and latterly the skin of his whole body flushed on irritation of the skin too much, and the flush lasted too long.