

## CHARING-CROSS HOSPITAL.

(SKIN DEPARTMENT.)

SYPHILITIC ERYTHEMA OF THE FACE, NOT UNLIKE LUPUS ERYTHEMATOSUS; THE POINTS OF DIAGNOSIS BETWEEN THE TWO DISEASES; INDICATIONS FOR TONIC TREATMENT; THE INJUDICIOUS USE OF IRRITANTS AND CAUSTICS.

(Under the care of Dr. TILBURY FOX.)

JOHN D—, aged fifty-two, transferred to the Skin Department Feb. 14th. The man looked very anxious and careworn, which was accounted for by the fact of his having been out of work some time, he having a large family. Nearly the whole of the right side of the face was dull-red in colour, the edge of the erythema being very well defined. Beginning about the inner canthus of the eye, the boundary line of the disease ran outwards almost to the external meatus, then swept down just outside the whisker to the angle of the jaw, and thence along its lower line to the mouth in front. The surface of the cheek was generally somewhat thickened and slightly raised; especially was this the case at the outer edge for about a quarter of an inch, where it was distinctly scaly, but this was much less marked towards the centre, where the dull-red colour had become replaced by a yellowish staining and some thinning of the tissues. Scattered here and there over the cheek were several small pits (cicatrices), not produced by the application of remedies. So that, roughly stated, there was, near the mouth and towards the centre of the cheek, thinning and yellowish staining, with some tinge of redness; then distinct dull erythema, with slight thickening, and at length, outside the whiskers, distinct induration and thickening, with scalliness—in fact, lepra. No tubercles, no pain, and no crusts were present. On the left side the disease had commenced at the centre of the cheek, as a dull-red, somewhat thickened patch.

*First impressions.*—An erythema, but of special character, as shown by the loss of substance consequent on deposit, and the peculiar staining left behind by the erythema. The changes in the structures were evidently more profound than in ordinary erythema. The disease might be taken to be an erythematous syphiloderm, or an erythematous lupus. On inquiry into

*The history of the case,* the following facts were elicited:—Nine years since the man had primary disease, and “took pills.” Six months afterwards he “got a chill,” and had sore-throat, pain in the limbs and arms, but no “spots.” Ever since he has been subject to cramp in the legs. Seven years ago he had “a crack” at the corner of his mouth, but it healed up pretty soon. Occasionally he has had sores about his mouth; in fact, they have travelled all round, and were at times “covered by little crusts;” but as he is a smoker, he attributed the sores to the use of the pipe. The sores “were better and worse off and on” till nine months ago, when the crack got very bad at the corner of the mouth; it increased to a large size, an inch or so in length. When this began to heal, the redness began to spread away over the cheek on the right side; “people said it was the ringworm;” it came in red circles half an inch in width, and in “half moons.” As the red circles crept over the face, the yellow staining showed itself, and little pits mark the seat of patches that were rather worse than others where there were a few crusts covering over little raw surfaces. The patch on the left cheek began five or six months ago; it has been slightly scaly.

*Diagnosis.*—The history of syphilitic infection, which appears always to have asserted its presence, past existence and the behaviour of the fissures at the mouth, the origin of the present disease at these fissures, the spreading away by centrifugal rings, the age of the patient, the absence of tubercles and of pain, the atrophy, the yellow staining left after the erythema, the multiform character of the eruption as seen in its different parts, and the character of the edge, all pointed to syphilis as against lupus; and then the presence of peculiar *concomitants* confirmed this diagnosis. They were as follows: on the right flank, four patches, two ecchymatous, and two tubercular; they had existed two months already, and had given no pain, and had gradually developed. On the right foot was an ecchymatous spot, one on the left leg and on the left foot also.

*Treatment.*—It was deemed probable, as the man was feeding badly, that the syphiloderm was intensified in great measure

by debility. Syrup of iodide of iron, combined with iodide of potassium, was given internally, and simple zinc ointment applied externally; for the erythema appeared to have been treated with remedies that irritated. Under this plan of treatment the patient got rapidly well.

*Remarks.*—Dr. Fox remarked upon the importance of correct diagnosis in such a case as influencing the use of caustics. The case looked not unlike an erythematous lupus. Had caustics been applied, scarring would no doubt have been left behind. As it was, it appeared that some stimulating application had been used which made the parts hot and somewhat irritable; and a marked improvement was soon manifested by the use of simple soothing remedies, in connexion with specific general remedies. It could not be denied that the hyperaction induced in the tissues by irritants would not be unlikely to lead to more subsequent staining and atrophy than if the parts were kept as much as possible quiescent and inactive. The syphilitic nature of the disease had for several years been apparently overlooked.

## HOSPITAL FOR SICK CHILDREN,

GREAT ORMOND-STREET.

CROUP; TRACHEOTOMY; SCARLET FEVER; RECOVERY.

(Under the care of Dr. HILLIER.)

A LITTLE BOY, aged five years and nine months, was admitted into the Children's Hospital, on Jan. 27th, suffering from croup. About a week previous to admission he appeared to have a slight cold, and on the 23rd difficulty of breathing with croupy cough came on. Since that time he had had paroxysms of dyspnoea, and had been getting worse. On the night of the 26th he had had a severe rigor.

On admission, he had tracheal respiration and a croupy cough, with some recession of the soft parts of the chest. The fauces were natural. There was some dullness at the upper part of the right chest both behind and in front; this was most marked close to the upper bone of the sternum. The respiration was bronchial over the dull part, especially posteriorly. An emetic (ipecacuanha powder, one scruple) was administered. The child vomited freely, and was much relieved, though no false membrane was brought up; and a few hours afterwards ordinary breathing was not audible at the mouth, but deep inspiration was somewhat tracheal in character. Pulse 120. He was ordered to take the following mixture every three hours:—Ipecacuanha powder, one grain; nitrate of potash, three grains; acacia powder, three grains; water, one drachm. To have a poultice to his throat, curtains to his bed, and to be steamed. Diet, beef-tea and milk.

The boy did well; his breathing became easier, and cough less croupy until the 31st of January, when he became a little feverish, and dyspnoea and croupy cough returned. Another emetic was administered, but without any benefit. Towards the evening his breathing became much more difficult; his pulse was weaker (120 in the minute); there was recession of the soft parts of the chest; respiration was weak at the bases posteriorly, but there were no moist sounds to be heard. At 10 P.M. the dyspnoea and recession of the soft parts had much increased; the pulse had become still weaker, and was sucked in with inspiration. There was no lividity.

The child was put under the influence of chloroform, and tracheotomy was performed, with but very little loss of blood, by Dr. Williams, the house-surgeon. After the trachea was opened but little mucus and no false membrane was expelled. The boy was a long time in recovering from the effects of the chloroform, but afterwards passed a good night.

On the afternoon of Feb. 3rd a very slight punctiform redness was observed on the trunk and limbs; the skin did not feel hot, and the throat was natural.

On the following morning the patient had undoubted scarlet-fever rash all over; the tongue was covered with a thick white fur, with red papillae. His general condition was not worse; he sat up in bed, and was bright and cheerful. Pulse 110 a minute, of good volume. There was no chest complication. He was removed into the fever ward, and the steam was discontinued. The fever ran a very mild course.

On the 7th the tube was removed, and the opening closed by means of a piece of strapping.

The opening became completely closed, and the child did well until the 13th, when dyspnoea returned. The trachea had to be reopened, and the tube replaced.

On the 15th there was a trace of albumen in the urine. This

is the only time this occurred during the whole course of the disease. When the tube was removed at this date, and the opening in the trachea closed by the finger, respiration was almost completely stopped.

On the 20th the tonsils, being somewhat large, were removed.

On the 25th the tube was finally removed. By the 28th the opening in the trachea had closed, and the child could speak tolerably well. He went on improving until March 17th, when he was discharged well.

The following remarks were made by Dr. Hillier:—The case is interesting from the intercurrent of scarlatina, the late period at which tracheotomy was first required (after eight days' dyspnoea), and the necessity for a repetition of the operation thirteen days later. On admission the patient was suffering from pneumonia, which is usually regarded as contra-indicating the operation. The case is called croup, and not diphtheria, because the fauces were not affected; but in its asthenic character and its slow course it resembled diphtheria, and did not, I believe, differ from it in any essential particular, though there was less tendency in the false membrane to extend upwards or downwards than is often seen.

## Provincial Hospital Reports.

### TUNBRIDGE WELLS INFIRMARY.

CARCINOMA OF THE STOMACH, HEPATIC CONGESTION, AND GENERAL DROPSY.

(Under the care of Dr. WARDELL.)

G. H.—, aged fifty-two, a farm servant, was admitted into the infirmary on April 30th, 1867. On admission he was labouring under general anasarca; the legs were extremely œdematous, fluctuation could be distinctly felt in the abdomen, and the subcutaneous cellular tissue of the penis and scrotum was greatly distended with dropsical fluid. On interrogation, it was stated that for three years he had been in failing health; he had latterly lost flesh, the strength had declined, the appetite had been impaired, and occasionally he had been troubled with flatulency at the stomach. Physical signs of thoracic organs normal. Pressure at the epigastrium did not produce pain. Hepatic dulness exceeded normal lines of the organ's extent. Occasionally had sharp shooting pains, which extended into right back and shoulder. Manipulation detected no particular seat of tenderness in any part of abdomen. Had not had sickness or vomiting, nor did he complain of any urgent uneasiness after his meals. Diarrhoea had of late become a frequent symptom, the dejections being light and clay-coloured.

On the usual tests being applied, the urine exhibited no morbid characteristics. Pulse 84, regular, and of good volume. Was ordered an astringent mixture, with chalk, opium, and catechu. He subsequently took the decoction of broom-tops, with the nitrate and acetate of potash and the compound spirit of juniper, and alteratives, under which treatment and the use of needle punctures the dropsical symptoms were mitigated, and he expressed himself as being better. But it was evident that he made no real progress, and that "the beginning of the end had come." Though no tumour at the epigastrium could be detected, and though sickness, vomiting, and pain were not symptoms, it was extremely probable that he laboured under malignant disease. On June 28th he became jaundiced, and from that date to his death, which occurred on July 12th, he had sickness, accompanied with much epigastric pain.

The autopsy was made by Mr. F. Manser, twelve hours after death. The surface generally was of a yellowish-lemon tinge, and the subcutaneous cellular tissue surcharged with serous fluid. The abdomen contained a large quantity of dark serum, in which were floating flakes of coagulable lymph. The large bowel, liver, and stomach were adherent by organised masses of albuminous exudation. Liver much congested, and gall-bladder empty. Pyloric end of the stomach and a considerable portion of the large curvature were thickened and indurated by cancerous deposit, both of which were leathery on being cut. The enlarged pylorus formed a tumour, which pressed upon the venæ cavæ and gall-bladder. The internal organs seemed stained with bile. Pyloric orifice patu-

lous. On various sections being made of the liver, no cancerous deposits could be discovered in the parenchyma. Kidneys and other organs were natural.

The freedom from pain and sickness until a few days before death was a curious negative fact in this man's case, because inspection declared that organic disease had been long existent, and because cancer of the pylorus, in the great majority of instances, is characterised by long-continued, often by excessive, suffering. No tumour could be felt at the epigastrium, and the pain, when it did come as a symptom, was rather referred to the region of the right lobe of the liver than the stomach; whilst the jaundice, the increased line of hepatic dulness, and the diarrhoea, seemed to point to this viscus as the location of the malady. But, as Dr. Wardell observed, it is of practical importance to bear in mind that the pain in cancer of the pylorus is not always felt at the pyloric region. It is sometimes reflected into the back, simulating spinal disease; and sometimes it is described—as he had known it—as being low down in the right side of the abdomen, as if the complaint were seated at or near the cæcum. When the pylorus is rendered large and heavy, it gravitates down towards this position. Again, though pain is the very common accompaniment of cancer, there are exceptional cases in which it is comparatively trifling. Dr. Wardell has known in uterine cancer an almost total absence of pain from first to last. The mechanical pressure of the tumour on the venæ cavæ fully accounted for the congested liver and general dropsy, as it also did for the empty gall-bladder and the jaundice. The diarrhoea was, doubtless, referable to the non-admixture of bile with the contents of the digestive canal, to the imperfectly-disintegrated food caused by disease of the stomach and the patulous orifice, and perhaps, also, to the compressed inferior vena cava, giving rise to backward congestion in the extreme vessels proper to the mucous lining of the alimentary tubes.

## Medical Societies.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 27TH, 1868.

DR. C. J. B. WILLIAMS, VICE-PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected members of the Society:—Drs. Burton, W. Ogle, and Warwick.

Mr. C. HEATH read the report on Mr. Holthouse's example of rheumatic arthritis, from which it appeared that the committee was divided in opinion as to the exact nature of the case.

A case was related by Dr. MARCET, in which dumbness, associated with dysphagia, and occasional spasmodic contractions of the muscles of the fauces, of fifteen months' duration, had apparently disappeared after the application of the interrupted induced current to the larynx.

A report on the same case was then read by Dr. BUCHANAN, on behalf of the committee to whom it was referred at the previous meeting. After careful investigation, the committee found reason to believe that the patient had been speechless for many months, but were not able to satisfy themselves that he was unable to speak.

Dr. MORELL MACKENZIE regarded the case as one of those in which the power of bringing certain groups of muscles into combined action is lost, not in consequence of any disease either of the muscular apparatus itself or of the nervous centres presiding over it, but as a result of disordered volition. In illustration, he referred to the case of a sailor, otherwise in good health, who, in consequence of a blow on the head received when at sea, suddenly lost his voice. Dr. Mackenzie ordered him to take an inert medicine three times a day, assuring him that he would be cured. After a few days he recovered his speech. Here, as in Dr. Marcet's case, and in other instances which had come under his notice, the good effect of the remedy employed had no relation to its therapeutical properties.

The PRESIDENT regarded the case in the same light as Dr. Mackenzie. He had under his observation a woman, by no means of a fanciful or hysterical tendency, in whom loss of vocalisation and articulation lasting for several days could be produced at any moment by an unexpected slap on the back. It was soon found that the voice could be restored by electrical