

When the hair has been closely cut we have our choice of a host of applications. These may be used in the form of lotions or ointments. If scales or crusts have already formed, they should be removed by means of a poultice or an oil dressing. In some patients ointments, in others lotions are found more serviceable. Individual temperament or susceptibility, also, may indicate the use of a warm or a cold lotion. A weak solution of hamamelis, lead water and laudanum, a solution of acetate of lead with sulphate of zinc, are among the most useful agents. A dilute solution of corrosive sublimate—from $\frac{1}{2}$ gr. to 1 gr. or $1\frac{1}{2}$ gr. to the ounce—is likewise beneficial. A bland oil, such as olive oil, cod-liver oil, fluid oleate of mercury, or oil of ergot, are very useful in this stage. These oils may often be advantageously combined with emollient or narcotic substances, such as arrowroot, carbonate of zinc, carbonate of lead, opium, arnica or belladonna. An ointment containing zinc, lead, or bismuth oleate is serviceable, as is likewise calomel or white precipitate in the proportion of 10 grs. to the ounce of lead, simple cerate, cold cream, cucumber or oxide of zinc ointment.

Local depletion is often of signal advantage in the acute stage. The lesions should be freely opened with the knife. The serum and pus are evacuated, the congested vessels relieved and the circulation in the parts is stimulated. The absorbents are likewise stimulated. Depletion should be performed twice or thrice a week, bleeding should be encouraged by sponging the surface with warm water, after which the medicament, lotion, oil or ointment should be applied anew. Unna asserts that the advantage of depletion is only temporary, that it creates an absorbent surface which invites a renewed attack of the disease. I have never, however, witnessed any evil results from the practice.

As the disease progresses the violence of the initial symptoms abates and the local applications should assume a more stimulant character. The oleate of mercury, of from 5 to 20 per cent. strength, the nitrate of mercury ointment, 1 to 3 drachms to the ounce of zinc ointment or other bland excipient, sulphur, tar, beta-naphthol, resorcin, ichthyol, corrosive sublimate, salicylic acid, boric acid in ointment form, are then found useful. Veill has recommended a 2 per cent. alcoholic solution of pyrogalllic acid, and Professor Pick, of Prague, a solution of tar in alcohol. Green soap, nitrate of silver, caustic potash, tincture of iodine and other strong cauterants are also sometimes applied with benefit to the lesions of obstinate cases, although I have seldom had occasion to resort to such heroic measures.

Sycosis is very apt to be a stubborn affection. Relapses are frequent, especially if the occupation or habits of the patient are of a nature to cause irritation of the skin. In order to guard against

relapses the patient should not be dismissed until entirely cured. Bockhart advises that for some time after active treatment has ceased the patient should wash his face once or twice daily with a 1 per cent. sublimate solution.

SOME MEDICO-LEGAL QUESTIONS THAT ARISE FROM THE MISTAKES OF ABDOMINAL TUMORS FOR PREGNANCY.

Read in the Section of Medical Jurisprudence, at the Forty-first Annual Meeting of the American Medical Association, Nashville, May, 1890.

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Some practical questions arise from the following cases:

A., æt. 19, had an abdominal tumor of four months' standing. Two physicians, after a long and careful examination, pronounced it a gravid uterus. This was indignantly denied by the patient, and the most deplorable family feeling and bitter feud followed. Eight months later the mistake was discovered, and an ovarian tumor was removed weighing 119 lbs.

B., a widow, married four years without issue. Twelve months after widowhood she was sent to me to be operated on for ovarian tumor. Two months later she was delivered of a healthy boy. The mistake of the physician in the first case caused the most poignant grief to a large number of excellent people. The mistake of the physician in the second case saved the woman from disgrace, for being sent a long distance from home to have the tumor removed, the labor was kept secret.

C., a healthy woman, married an invalid physician. Three years later, without having had issue, the couple separated. Twelve months later she married a robust, vigorous man. Five months after this the abdomen began to enlarge. She was rejoiced at the thought of becoming a mother. She had, or thought she had, all the usual symptoms of pregnancy. Her menses ceased, she consulted her family physician and engaged his services for the coming event. Eight months passed, when the abdomen had acquired enormous size. Another month passed; what was claimed to be labor pains set in; both the nurse and doctor were summoned. While the latter was making an examination a severe pain was followed by a great gush of waters, the abdomen collapsed and the supposed pregnancy was ended.

D., a young woman, newly married, had at expiration of five months all the natural and physical signs of pregnancy. At the expiration of what should have been the full term, she had a gush of water without a fetus, and a collapse of the abdominal walls, and so the case ended.

The question of responsibility in the diagnosis and treatment of such cases, is one in which the best judgment and skill may be mistaken. Some general facts which should govern in these cases are as follows :

1. The diagnosis must rest on a group of well observed facts which, in all ordinary judgment, can admit of no other possible meaning.

2. If the facts are uncertain and the conclusions admit of a doubt, it is the duty of the physician to submit the question of responsibility to the family and share it with some one, otherwise he will be culpable.

3. The physician is only responsible for the exercise of the best judgment and skill he may possess. He cannot be accountable for errors of judgment, unless they were from want of proper care and diligence, which were in his power to have used. He is also bound to anticipate and provide for the possible consequences which might follow from a mistake of diagnosis and treatment.

4. The physician is expected to use all care and diligence, and take time for reflection in determining the diagnosis ; which should be based on the preponderance of facts, and their most probable natural meaning. The physician is held liable if he neglects the exercise of ordinary skill and forethought in both the treatment and counsel to the case.

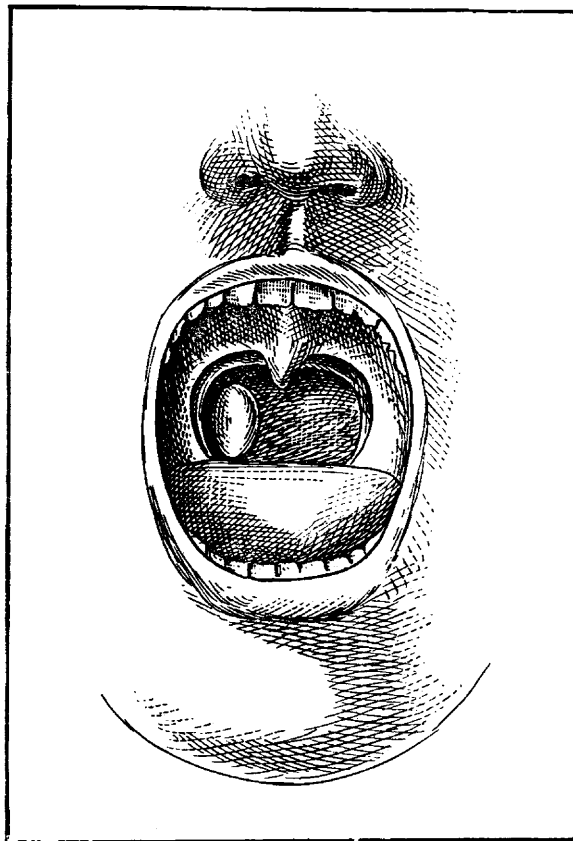
5. Finally, the physician is liable if he subjects the patient to peril of life or reputation, by a false diagnosis or operation. If he assumes a certain amount of knowledge, that is not sustained by the facts both in this and other cases, he is liable. The physician who undertakes the care and treatment of cases of abdominal tumors, is assumed to possess skill, and exercise care beyond that of the ordinary physician. He is liable for carelessness, neglect, ignorance, and omissions to study the facts in such cases carefully, and make a reasonable diagnosis, on which to conduct a reasonable treatment.

A PHARYNGEAL ANEURISM.¹

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The case I present for your consideration tonight is one of unusual interest. I exhausted every means within my power to induce the patient to present herself before you, but failed to accomplish the desired result. My efforts in this connection were so persistent as to drive her from me. It is totally unnecessary to give any account of history, as it bears little upon the subject in hand. The woman is Irish, single, 35 years of age. She consulted me to obtain relief from excessive dryness of pharynx and "stuffy" sensation in nasal cavities. Exposure of mouth made

manifest a large pharyngeal cavity, the walls of which, in all directions, presented the evidences of marked glandular destruction and atrophy of the mucous membrane. That which especially attracted my attention in the pharyngeal cavity was a prominent bulging mass to the right of the median line, typically represented in the drawing I here present. The life-like character of this tumor cannot be represented by the pencil of the artist.



I will attempt to describe it: The mass extends from a little to the right of the median line to the right lateral pharyngeal wall, and from the level of the base of the tongue to a line corresponding to the lower border of the soft palate. Its length is about two, its breadth about one and a half centimetres, while it protruded into the pharyngeal cavity about four millimetres at the point of greatest protrusion. The mucous membrane covering, and that adjacent to the tumor does not differ in any respect from the mucous covering of the remaining portion of the pharyngeal cavity. A point noted almost simultaneous with the discovery of the tumor was that it pulsed, and that this pulsation was synchronous with the action of the heart. A very distinct and high pitch bruit was heard upon application of stethoscope to right side of neck. Pressure upon

¹ Read before the Medical Society of the District of Columbia.