

local heat, and intensifying reflex action. *Practical rule:* When you have a congestive state of skin, or any disposition to neurosis, take off the flannel, and place it, if necessary, outside the linen;—this will prevent any “catching cold.” The diseases in which this is advisable are, chiefly—erythematata, roseola, urticaria, certainly syphilodermata in their early stages, scabies, and prurigo. A remembrance of this little practical point will sometimes give us the greatest cause to be thankful that we attended to it, trifling though it be.

*Scratching* plays an important part in the modification of skin diseases, most of which are accompanied by itching; to relieve which, scratching is the natural topical application. What does it do?

1. When there is no eruption, it may produce one. For example, in pruritus, it gives rise to excoriations, an artificial eczema, general enlargement and turgescence of the follicles of the skin, with, perhaps, abrasion of the cuticle over and above them; wheals in a nettle-rash subject; ecthymatous pustules in the ill-conditioned. Of course in all these cases there is a basis to go upon—a tendency to the several diseases produced. Scratch a healthy person, and the local injury is soon remedied.

2. It augments and modifies existing eruptions. See in eczema how it inflames it, and increases the discharge and subsequent crusting; in lichen, the thickening of the derma. In scabies it gives rise to the peculiar “scratched lines” so characteristic of the disease, and many of the ecthymatous pustules; in prurigo, the peculiar ecchymosed apices of the papules, and helps out the coarse urtication.

3. When the disease is *non-contagious*, secretion, if present, may be transferred, and when acrid sets up local inflammation; and when *contagious*, scratching is the surest method of inoculation, as in the case of the contagious impetigo or porrigo. Children in this way transplant the disease from the head to various other parts of the body. Mothers, beyond a doubt, get it about their hands from children. As an instance of the effect of scratching, I may mention the case of a gentleman I have recently seen in consultation who has tried every remedy and doctor on the continent, taken the baths at Aix, and been treated by a large number of medical men in London for prurigo. He has taken drugs in any amount, and about sixty prescriptions were handed to me for my inspection. In this case, which was of three years' duration, the itching was cruel, the whole skin reddened, thickened, dense, hot, and exceedingly appreciable of change; whilst almost every conceivable application had been used. My impression as to the influence of scratching turned out to be correct; and, by dint of perseverance, the patient avoided this source of irritation, and is now practically well. In this case, in which the least scratching was followed by general reflex irritation, the teachings of sound reasoning in league with clinical reminiscences put to shame that empiricism which is the curse of cutaneous medicine.

*Medicinal rashes* are important to remember. Hardy has especially noticed an eruption produced by the inunction of *mercurial* ointment. It is an erythema upon which vesicles form, and pour out a thin, clear fluid. The vesicles are quickly broken, the contents desiccate, and the redness remains for a week or ten days. It is clearly a local disease, and not a true eczema.

The *nitrate of silver* discoloration needs no further comment than this, that the silver seems to be deposited elsewhere than on the skin—the lining membrane of some vessels, it is thought.

*Arsenic* is said to give rise to eczema. I have never seen this, but a lichen well developed about the face, neck, arms, and hands; and erythema of the palms of the hands, with violent fever, are sometimes produced. I am positive it can give rise to double vision by disturbing in some way the accommodation of the two eyes. It can also induce erythema, especially of the face, and a puffiness about the eyes,—I mean in small doses, and during its early exhibition; and it has happened to me to see the very best results in these cases from the perseverance in its use, notwithstanding these occurrences, provided there are no gastric symptoms. I have seen herpes zoster come on during its exhibition, and some think that it may give rise to this disease. I am not disposed to believe in any direct influence, but that out of the changes that its use induces a condition may be brought about favourable to the occurrence of zoster.

*Iodine* produces erythema of the face sometimes, and local inflammation of course.

The friction of *croton oil* into the skin not unusually gives rise to an erythema of the face. I have been in the habit of using this topically and extensively for certain forms of *dyspepsia*, and I have often seen this erythema of the face symmetrical,

lasting for a few days, with distinct heat, and this where there could have been no direct application of the remedy to the face.

*Bromide of potassium* may give rise to erythema and swelling of the nose; at least in one case this appeared to be its constant action, and, in the experience of those who have given the drug largely, an ecthymatous eruption; but this is probably due to its “lowering” or “liquefying” action, as in the case of *iodide of potassium*, which may induce purpura in a pre-disposed subject, and of course the erythema and other symptoms of iodism.

*Belladonna* produces a rash of rosy hue, fever, and a dry throat, with, of course, dilated pupils.

*Copaiba*, a rash well described by Judd in his work: a rosy erythema, of “pumiceous” aspect, as though the skin had been bitten by insects.

*Arnica* may produce erythema and swelling of the part to which it is applied.

*Sulphur*, in some cases, gives rise to a dry, red, dirty aspect of skin, with an attempt at the formation of vesicles, perhaps an artificial eczema, and subsequent pityriasis, accompanied by much itching; mistaken for the continuance or increase of the original diseases, mostly scabies, and demanding the most soothing treatment. The last case I saw was that of a gentleman who had had scabies; he was ordered a series of sulphur baths, which set up an artificial eczema, and ecthyma from the scratching, that rapidly got well (sooner than usual in these cases, for the sulphur impregnates the system) by demulcent baths and soothing unguents. Sulphur baths should be used with gentleness, and I think the old-fashioned villanous compound sulphur ointment less vigorously, for I feel sure that it is often continued long after the original scabies is cured, upon which the secondary effects, erroneously regarded as the thing to treat, depend. I have seen grievous errors committed from a want of attention to the facts I have pointed out.

Sackville-street, March, 1867.

## ON SCROFULOUS DISEASES OF THE EXTERNAL LYMPHATIC GLANDS,

AND THEIR TREATMENT BY IODINE AND OTHER  
LOCAL STIMULANTS.

By THOMAS BALMAN, M.D.

(Concluded from page 417.)

*Treatment.*—I shall confine myself chiefly to the local and surgical treatment of scrofulous affections of the external lymphatic glands; not as being always the most important feature in the management of these cases, but mainly because it seems to have been very much neglected in recent monographs and other works specially devoted to the consideration of this subject. Mr. B. Phillips, for instance, who has given us the most complete description of all that is known respecting the etiology of scrofula, scarcely alludes to the local treatment of the disease; and Dr. Glover has entered so fully into the chemistry of the subject as to have almost left it unnoticed, and the only clue which we have of his views is to be gathered from a few short cases contained in the appendix of his work.

Glandular swellings are met with under a great variety of circumstances. The patient may, for example, present the fine, delicate, soft, white skin, the tumid upper lip, the crimson hue of cheek, the pearly, glistening, and suffused conjunctiva bedewed with a limpid tear, and the languid, listless, and enfeebled gait so familiar to us in persons possessing the well-marked lymphatic temperament; or all those external pathognomonic signs of the strumous constitution may be for the most part wanting, and we have then probably nothing but the type of an apparently sound and healthy constitution; or there may be evidence of syphilis, which in a small proportion of cases we have seen to be an occasional exciting cause of external scrofula. A disease therefore occurring under so many and varied aspects must necessarily require very different modes of treatment, both locally and generally. If, for example, the tumour appears for the first time after an attack of primary syphilis, and involves the lymphatic glands situated along the upper two-thirds of the posterior border of the sterno-

cleido-mastoid muscle, or those beneath the occiput, even though no other evidence of constitutional syphilis exist, the iodide of potassium and sarsaparilla will be the appropriate remedy.\*

We have already mentioned that hypertrophy of the lymphatic glands is of no infrequent occurrence in children whose parents or collateral relatives have suffered from phthisis or any other developed manifestation of tubercle. They are generally attributed to cold, damp, or exposure to currents of air whilst sitting in a close or overheated room, and very frequently at school. They seldom exhibit signs of acute inflammatory disturbance, which is rarely observed in scrofulous subjects; they may, however, in irritable persons, be sometimes tender to the touch, and cause a slight feeling of stiffness and discomfort to the little patient; the colour of the skin is unchanged, and the disease is very often confined to a single lymphatic gland, and in the majority of cases situated near the angle of the lower jaw. The treatment of such cases is very simple: confinement to the house for a few days, occasional fomentations if painful, and a lotion containing two drachms of the iodide of potassium, half an ounce of spirit, and four ounces of camphor mixture; subsequently, the internal administration of cod-liver oil and steel for a few weeks, will generally succeed in causing both the dispersion of the tumour and the renovation of the general health.

From neglect, feeble health, or other causes, however, such swellings may assume a subacute condition; and, in place of subsiding, may go on slowly, and perhaps imperceptibly, increasing both in size and consistence, or they may manifest this peculiarity from the first. They then constitute the great majority of those cases of strumous glands which are so frequently presented to our notice in the out-patients' wards of our numerous charitable institutions. In a case of this kind I usually proceed thus:—If the swelling is recent, I begin with the iodine lotion already named, or this may be replaced by the diluted tincture of the Pharmacopœia—one part to three of water. Pledgets of lint, soaked in either of these lotions, are to be continuously applied to the tumour; and, in order to retain the moisture, they should be covered with a piece of gutta-percha sheeting or oiled silk. If the tumour be of longer duration, firm to the touch, or has implicated the surrounding textures, I pencil the surface lightly two or three times with the solid nitrate of silver, or with a solution of iodine.† The former is the least irritating to the skin, and is, therefore, in many cases, the best to start with. This application is repeated at intervals of five or six days. All bandages, woollen wrappers, and other such articles of dress with which the patient is usually smothered, are removed, and the parts freely exposed; and, if within a convenient distance of the sea-coast, the tumour may be also advantageously bathed with sea-water every morning.

This procedure will produce in all probability one of two results: either a gradual diminution in the size of the swelling, or suppuration. In the event of the latter happening, the abscess should be opened at once—of course in the most dependent and favourable position. The parts surrounding the incision are then to be immediately painted circumferentially with the iodine solution. The application should extend as far as the limits of the tumour. The effect of this treatment is to cause the rapid collapse and effectual emptying of the sac of the abscess, and, within a very short period probably, adhesion and closure of its cavity. The punctured wound, which may be covered with a piece of tow or charpie, very often heals without the slightest disfigurement, and we are enabled, if necessary, to continue our applications. Abscesses which, if allowed to ulcerate, would continue many weeks, and perhaps months, may by this treatment be sometimes obliterated in a few days.

Injections of iodine, zinc, and other astringent lotions, as proposed and extolled by Lugol, Tyler Smith, and others, have never succeeded, in my hands, in producing any corresponding results. And the almost universal practice of poulticing in order to accelerate the formation and discharge of matter has long ap-

peared to me still more objectionable; and I confess that I was some time ago surprised to find such an accomplished pathologist and excellent surgeon as Mr. Paget recommending this antiquated and, I truly believe, mischievous practice in the treatment of these complaints. (See "Notes of Practice," &c., *Med. Times and Gaz.*, Jan. 1858.) However useful poultices and moist applications generally may be in acute phlegmonous inflammation of the lymphatic glands, in deep-seated or painful abscesses, or in a variety of other cases which it is scarcely necessary to name, I am satisfied that when continued for any length of time in strumous, suppurating, and other sores, whether involving the absorbent glands or other textures of the body, poultices tend to relax tissue, impair the tonicity of the capillary bloodvessels, sustain the discharge, and facilitate the spread of the suppurative process, and not unfrequently lay the foundation of sinuses and of those horrible bridge-like marks which so often disfigure the victims of this disease.\*

The benefit of local stimulation by iodine is not simply limited to scrofulous abscesses. During the last two years I have been in the habit, both at the Dispensary for Diseases of the Skin and in my own private practice, of using it freely in a variety of other cases: in chronic affections of the joints, inflamed breasts, boils, carbuncles, old cicatrices, œdema, and in the slighter forms of erysipelatous inflammation of the skin. In carbuncle the effect is sometimes most striking; the pain and irritation are almost immediately relieved, and the slough is rapidly thrown off. Ganglions, when situated about the wrist, may be got rid of by the same means. They should be first punctured with a fine needle, and a slight amount of pressure continued for a few weeks afterwards.

I at first thought that the local use of iodine in the way described was novel; but I have recently discovered that Mr. Davies, in a work written five-and-twenty years ago, has recommended the external application of the simple tincture in some of the cases I have mentioned. His book, which I regard as a very valuable contribution to medical literature, should be read by all who are desirous of knowing the full therapeutic influence of this important remedy.† A series of cases was afterwards published in *THE LANCET*, by Dr. Langon, in support of Mr. Davies's views, and are well worth perusal.‡

A question of some importance will here naturally present itself. How, it will be asked, does local stimulation, either by iodine or nitrate of silver, subdue inflammatory action, lessen the swelling, pain, and irritation, and accelerate the cure, in such cases? The pathology of inflammation, as revealed by the microscope, explains in some measure, I think, how it does so. The phenomena of inflammation we know to consist primarily and essentially of enlargement or dilatation of the bloodvessels and capillaries of the part affected; accumulation, crowding together, and final arrest of the blood-corpuscles, and their subsequent adhesion, both to themselves and to the coats of the vessels; effusion of the liquor sanguinis into the cellular and adjacent structures, causing the swelling, œdema, heat, pain, and redness which are known to characterise inflamed textures. We have to deal, then, with impeded action, diminished contractile power in the coats of the capillary bloodvessels, and consequent inability of the arteries to grasp and push forward that vital stream upon the healthy and continuous movement of which the whole fabric is sustained. Iodine and nitrate of silver, so much extolled by Mr. Higginbottom, and perhaps any other local stimulant, seems to restore this impaired vital contractility of the bloodvessels, hurries on these struggling and pent-up globules to complete their labyrinthine journey in the general torrent of the circulation. The local stimulating action of these substances must further tend to quicken the action of the absorbents, and thus materially assist in the removal of the effused products.

M. Prieux, of Paris, has lately recommended, in a memoir addressed to the Academy, the local application of metallic iodine for the dispersion of indurated lymphatic glands. Thin laminae of iodine are enclosed in a layer of wadding, when they are rapidly vaporised under the influence of heat. The iodine ought to be spread as uniformly as possible over the half to a third or a quarter of the thickness of the wadding, which should be covered or fringed with a leaf of gelatine, the cir-

\* Ricord speaks of engorgement of the lymphatic glands, and especially those situated upon the lateral and posterior portions of the neck, as one of the earliest and most characteristic symptoms of constitutional syphilis; and Bossereau found it in 90 per cent. of all the cases of syphilitic erythema which came under his observation. It occurs, if at all, within a year after contagion, seldom or never suppurates, and is rarely seen in persons who contract syphilis after forty years of age. (Ricord: *Lçons sur la Chancre*, 2nd edition.)

† This solution is made by rubbing down in a glass mortar as much metallic iodine as the ordinary tincture will dissolve. It is about twice the strength of the Pharmacopœia tincture. The iodide of ammonium is also a good local stimulant in some cases, and has the advantage (from its being colourless) of not staining the skin.

\* Dr. Richardson, in his lectures recently delivered at the College of Physicians, I am glad to see, entirely concurs with me in believing that there is a great abuse in the use of poultices among surgeons in the present day.

† John Davies: *Selections in Pathology and Surgery*. Longman and Co., 1839.

‡ Richard Langon: On the Special Application of the Tincture of Iodine: with Cases, &c. *THE LANCET*, vol. ii. 1839-40, and vol. ii. 1842-43, p. 659. *Brit. and For. Med.-Chir. Rev.*, Jan. 1865.

cumference of which adheres to the skin, and concentrates the iodine vapours to a determined point. The apparatus is left in its place for from twenty-four to forty-eight hours, and the result is a phlyctenula filled with a thick, purulent, or bloody serosity. I have tried this application several times, with varying results. Iodine used in this way seems to permeate the tissues, and sometimes disperses the glandular induration rapidly; but my objection to the process is, that it leaves a deep-red discoloration of the skin, which is with difficulty removed, and, from its otherwise powerful action, requires to be used with caution. Dr. Wynn Williams recommends iodine in solution, both in scrofulous diseases of bone and in tuberculous deposits generally. Dr. Williams thinks that it is absorbed, and enters into chemical combination with the tubercular deposit and causes the absorption of tubercle in all its varieties and stages.\*

As regards the general treatment of scrofula I may remark that the disorder appears to me to be one of debility and defective nutrition, not so much dependent upon the primary digestive processes as upon that more remote and complex stage of it in which the effete and used-up particles of the body are removed, and new materials are appropriated from the blood to take their place. It is, if I may so call it, in the building up of the structures of the body that the main and essential fault lies. All writers agree that the red particles of the blood are diminished in quantity, and the serous or fluid parts of it correspondingly increased, without the fibrin undergoing any very perceptible change. The blood, therefore, seems somewhat analogous to the condition of this fluid observed in chlorosis and other anæmic diseases, with this difference, that the red corpuscles never descend so low in any form of tuberculosis as in the former case; and further, that the proportion of albumen is always much greater in tubercular affections. This deficiency of one of the most important constituents of the blood is to be restored by iron, which in some form or other is almost always indicated. The iodide, perhaps, is the best, either in the form of the syrup, or what I very generally use, the liquor ferri iodidi of the Skin Hospital Pharmacopœia (Mr. Startin's); it may be given either with small doses of the iodide of potassium (half-grains), or with nitric acid, according to circumstances.

I have elsewhere spoken highly of a very old medicine, the muriate of barytes, in several forms of scrofula, and subsequent experience has in no degree changed the opinion I then formed of its great utility. It seems to have a marked effect in stimulating the lymphatic system of vessels, and to approach more nearly to a specific (if I may use such an expression) than any medicine yet known.

I have never seen cod-liver oil exercise any very great influence upon indurated glands, unless when there was at the same time much emaciation. Its efficacy, however, in other scrofulous complications, and especially in diseases of bone, is universally admitted. It is, in fact, the sovereign and only remedy.

Good food, good air, and other hygienic means, though oftentimes not very accessible to some of our humble dispensary patients, it is needless to remark, are of the highest importance. Mistaken notions, I think, are very often entertained as regards the superior efficacy of sea air, or a residence by the sea-side, in scrofulous complaints. For purposes of bathing this may be all very well, but my opinion is, that the immediate vicinity of the sea is not generally suited as a residence for scrofulous persons; at all events, to the class of cases to which I have drawn attention in this paper. Much more benefit will arise from the drier and more bracing climate of some inland or elevated situation. A patient suffering from glandular scrofula should breathe mountain air, at least during the summer months. When residing in the south coast of Devon, I was in the habit of sending patients to some of the little villages skirting the forest of Dartmoor, and always with the most beneficial results.

Liverpool, March, 1867.

\* A. W. Williams: Medical Times and Gazette, July, 1865.

ARMY SURGEONS.—The returns required by Mr. Synan, M.P., have been issued from the War Office. The number of assistant-surgeons (excluding household regiments) borne on the strength of the British Army on March 19th, 1867, appears to be 697. The promotions from the rank of assistant-surgeon to that of surgeon in 1857 were 40; 1858, 40; 1859, 12; 1860, 12; 1861, 4; 1862, 21; 1863, 16; 1864, 25; 1865, 29; and in 1866, 25.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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.

### ST. MARY'S HOSPITAL.

#### CASE OF INCISED WOUND OF KNEE-JOINT; RECOVERY, WITH PERFECT USE OF THE JOINT.

(Under the care of Mr. HAYNES WALTON.)

THE advantages of complete exclusion of air and absolute rest in the treatment of wounded knee-joint were well shown in the following case, for notes of which we are indebted to Mr. de Tatham, house-surgeon:—

Jonathan L—, aged thirty-eight, wheelwright, a strong healthy man, was admitted on the 16th of February, with a clean incised wound of the knee-joint. When following his occupation he missed his aim with an axe that he was using at the time, and the edge struck him on the right knee joint internal to the patella, inflicting an incised wound of an inch and a half long, at the bottom of which the cartilages of the patella and femur were plainly visible. There was very little hæmorrhage. The air being squeezed out from the joint, and the edges of the wound carefully approximated, three sutures were introduced by Mr. de Tatham, the whole being then painted over with collodion. A straight splint was applied along the back of the limb to ensure absolute rest of the joint, and the patient placed in bed with the foot raised. Broth diet was ordered, and a saline draught to be taken every four hours. The next day he expressed himself as perfectly comfortable and free from pain.

On the third day after the accident (Feb. 19th) there was a small amount of effusion into the joint, and the temperature of the part had risen a little. Pulse quiet. The bowels being confined, the ordinary black draught of the hospital was prescribed.

Feb. 20th.—Joint still distended, but no pain; the bowels have been moved; tongue clean; pulse quiet.

21st.—Effusion less. All the sutures removed; there was slight suppuration along the track of one of them, but the wound itself is nearly healed. Two slips of strapping; bread poultice.

25th.—No trace of effusion. Wound entirely healed; poultice discontinued. Still wears the splint.

March 4th.—Sat up for a short time. Is going on satisfactorily.

9th.—Splint left off. He has the perfect use of the joint. The cicatrix is adherent to the inner condyle of the femur.

He left the hospital cured on March 14th.

### ST. GEORGE'S HOSPITAL.

#### A CASE OF TYPHOID FEVER AFFECTING THE SOLITARY GLANDS.

(Under the care of Dr. BARCLAY.)

THE following is an instance of that variety of enteric fever which Cruveilhier calls "forme pustuleuse," and the appearance in which has before now given rise to the idea that enteric fever was "intestinal variola." Dr. Harley, in his article "Enteric Fever" (Reynolds's System of Medicine, vol. i.), says—"These swollen glands are almost always solid: in only one case have I observed them to contain a yellow pultaceous matter, resembling inspissated pus." We are indebted to Dr. Reginald Thompson, medical registrar, for the subjoined notes.

J. P—, aged forty, admitted March 5th, with symptoms of fever. It appeared that he had been ill for ten days before he was admitted, the first symptoms being shivering, vomiting, and pain in the abdomen. Diarrhœa was an early symptom, but the exact date of its appearance was not ascertained. He had not