

ful of good old wine. He is then to be left perfectly quiet. The shivering will last from twenty minutes to nearly an hour.

The cold baths are repeated about every third hour, day and night, until the temperature in the rectum measures only 101° Fahr. The patient's diet should be served tepid, and consist of milk, tea and milk, mutton and beef broth. Every half hour he should drink a mouthful of iced water, and where much prostration is present he should be allowed a little good wine before each bath. Cold-water enemas are also administered in some cases.

Dr. Brand applies his method to all cases, and during all the stages of the disease; he admits but one exception—perforation of the bowel, a condition which requires perfect rest.

Such is Dr. Brand's method, and the results obtained by it are excellent.

Dr. Béhier, Professor of Medicine at the Hôtel Dieu, Paris, has given Dr. Brand's method a fair trial, and from what he has observed he concludes that under the influence of the cold baths the respiration is easier and more regular, the heart contracts with more vigour, the secretions reappear, the tongue gets cleaner, and the thirst and meteorism lessen.*

Dr. Glénard's† opinion is the following:—"You will not find in the five or six thousand cases of typhoid fever treated by this method one single unsuccess among those which have been submitted to it since the beginning of the disease."

Up to 1868 Dr. Brand had treated 170 patients by cold baths, and obtained 170 cures; and in the year 1870-71 he had 89 cases and 89 cures. Dr. Glénard records 52 cases and 52 cures; and Dr. Huchard‡ states that all the physicians who have carefully followed Dr. Brand's method have mostly successes to register.

The following table of Wunderlich (quoted by Dr. Huchard§) gives the general results of Brand's method compared with other systems of treatment:—

Name of author.	Mortality in typhoid fever.	Mortality in typhoid fever where Brand's method has been applied.
Wunderlich	18.1	7.2
Jurgunsen	30.2	7.5
Liebermeister and Hagenbach }	26.2	9.7
Rugel.....	20	4.3
Stöhr.....	20.7	6.6

To ensure success Brand's method should be rigorously applied from the beginning of the disease; sometimes the treatment will require from 50 to 200 cold baths. If the treatment be begun only when the pyrexia has reached its height or at an advanced stage of the disease, then the results are far less favourable. The duration of the disease is not lessened by this treatment; convalescence does not begin before the twenty-first day; it is, however, shorter and easier, free from accidents beyond an abundant crop of boils. Bedsores are always avoided (Huchard).

* Béhier: Bulletin de Thérapeutique, Janvier, 1874.
 † Loc. cit. ‡ Union Médicale, April, 1874. § Loc. cit.
 (To be concluded.)

BEQUESTS &c. TO MEDICAL CHARITIES.—Mr. W. H. Rawson, the retiring president, has given £1000 to the Halifax Infirmary. Mr. Edmund Stevens, of Farnham, has bequeathed £500 to the Royal Surrey County Hospital, Guildford. Mrs. Dorothea Heathcote, widow of the late Vicar of Leek, has conveyed £500 London and North-Western Railway 5 per cent. preference stock, by deed of gift to operate upon her death, towards the support of the Memorial Cottage Infirmary, Leek. The Rev. John Forbes, D.D., has bequeathed £500 each to the Royal Infirmary, Glasgow, the Western Infirmary, Glasgow, and the Perth Infirmary. The annual report of the Yeatman Hospital, Sherborne, acknowledges the receipt of £500 (less duty) under the will of Mr. William Sharpe. The Poplar Hospital for Accidents has received £100 from the Goldsmiths' Company. The Hospital for Diseases of the Nervous System, &c., Portland-terrace, has received £100 under the will of Mr. George Ballard.

A Mirror OF 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.

MIDDLESEX HOSPITAL.

TWO CASES OF EPIDIDYMITIS, TREATED WITH ICE AND SMALL DOSES OF TARTAR EMETIC WITH EPSOM SALTS.

(Under the care of Mr. HULKE.)

OF the early sequelæ of gonorrhœa, there is none which occasions more suffering to the patient, or entails more trouble upon the medical attendant, than acute inflammation of the testis, or rather of the epididymis; and of all local measures recommended for its subdual, fomentations, alone or after leeches, are perhaps now in most favour. The employment of leeches, however, is discountenanced by some justly reputed authors, who allege that leeches often increase the swelling of the scrotum, whilst they do not materially shorten the duration of the attack. The practice of puncturing or making a cut into the inflamed organ with a bistoury for the purpose of relieving tension by division of the fibrous coat, originally recommended by Vidal de Cassis, and now advocated by some metropolitan surgeons, has not found many followers. The practice, in Mr. Hulke's opinion, is not so harmless as its chief advocate would have us believe; whilst it is, he says, incontestably inferior to the methodical application of ice—a measure which is harmless in itself, and superior also to fomenting and leeching. The caoutchouc ice-bags introduced by Professor Esmarch leave nothing to be desired. Mr. Hulke recommends that the scrotum should be elevated on a small, firm pillow put between the thighs, covered with one or two folds of dry rag (a precaution never to be omitted), and an india-rubber bag half filled with ice broken into small pieces laid upon it. Constant renewal of the ice, when it has melted, should be very strictly enjoined. This measure of itself will generally very quickly relieve the severity of the pain and great tenderness, so that after twenty-four hours the testis can not infrequently be strapped; but its influence will be considerably assisted by the administration of small doses of tartar emetic with sulphate of magnesia, repeated at short intervals until they nauseate and purge, when their exhibition should be stopped.

1. A short, thin, swarthy labourer, aged twenty-seven, had a clap. In the third week, when the urethral discharge had become gleet, he fell whilst lifting a sack of corn; and soon after this his left testicle swelled and became excessively painful. When admitted into Handel ward the tenderness and the painfulness of the testis were so extreme that he walked hesitatingly, straddling his legs and bending his trunk forwards, so much did he dread any contact of the thigh with the inflamed organ. The epididymis, particularly its tail, was the part which was inflamed, the testis itself being scarcely swollen. The scrotum was red and œdematous. The patient was ordered to bed, the scrotum was raised upon a cushion, and a caoutchouc bag of ice was placed on it. The man was enjoined to ask for renewal of the ice whenever he should find it had melted. One-eighth of a grain of tartar emetic, with one drachm of Epsom salts, in an ounce of water, were ordered to be taken every half hour until nausea and purging were produced, upon which they were to be discontinued. Next day the swelling was much less, the scrotum also was corrugated, and no longer red. There was no pain, and but very little tenderness, so that the patient could bear handling of the testis. He was ordered to continue the ice during this day, and in the evening to discontinue it. The ice-bag was to be left on the scrotum for some time after the last ice had thawed, so that the temperature might rise slowly. If any pain returned, the ice-bag was to be at once replaced. On the

third day the testis was strapped. Two days later, the strapping having become very loose, it was renewed; and on the sixth day after entering the hospital he was discharged convalescent as regarded the epididymitis. The testis with its epididymis was soft, neither tender nor painful, and scarcely appreciably larger than its fellow.

2. A porter, aged twenty-one, was admitted into Forbes ward on Dec. 5th with the right testis, but especially its epididymis, very swollen, tender, and painful, and the scrotum red and œdematous. Upon the front of the testis was a particularly tender fluctuating spot, with hardness around it. There was a thin, gleet, urethral discharge, and the patient was ordered to take the same mixture as in the last case, at intervals of half an hour. After ten doses he was sick and purged, and the medicine was discontinued. The scrotum was raised on a pillow, and an ice-bag was placed on it. Next day the swelling, redness, pain, and tenderness were very much less. On Dec. 8th the fluctuation was not so apparent. On the 11th no fluctuation could be detected. The pain and tenderness had quite gone for a couple of days. The testis was strapped, and the strapping was subsequently twice renewed. On the 18th the patient was discharged convalescent.

In this case, in consequence of an abscess threatening (an unusual circumstance), the ice-bag was kept on longer than in the first case, and, as the result showed, with the happiest effect.

LONDON HOSPITAL.

CASE OF THE PITYRIASIS VARIETY OF CONGENITAL XERODERMA.

(Under the care of Mr. HUTCHINSON.)

AN unusual example of that form of xeroderma which is wholly unattended by thickening of skin or by papillary growth was brought before the class on Thursday last. The patient, an old man aged sixty-one, had been sent by Mr. Herman from the Whitechapel Workhouse. He was covered from head to foot with thin dry scales, like flakes of tissue-paper. The face was almost exempt, as also the hands, feet, and scrotum; but these were almost the only exceptions. At the flexures of the elbows and thighs, and between the scrotum and thighs, precisely the parts most frequently affected by eczema and intertrigo, the skin was free from scales, but it was not normal, being glossy and polished. The man's explanation of this was that the scales had been rubbed off by the friction of the parts.

Mr. Hutchinson remarked that the case was an example of a congenital form of skin disease, or perhaps of skin malformation, which presented certain varieties, and was known under different names. Mr. Startin used to call it congenital pityriasis. In most books it ranks as one of the forms of ichthyosis, and Mr. Erasmus Wilson, recognising the feature of morbid dryness which is constant in all its varieties, has proposed the convenient name of xeroderma. The points to be remembered respecting it are that it is always congenital, although liable to aggravation in after-years; that it usually affects several members of the same family, and that it is not caused by any known diathesis or state of ill-health. In different cases different anatomical structures of the skin are concerned. In some the epidermis only is affected, or it is the part chiefly affected, as in the case under inspection; but in most instances the papillæ and the cutaneous glands also suffer. If the papillæ grow much they present long spine-like projections, which become covered with epidermis and sebaceous secretion, and constitute the porcupine or hystrix form of ichthyosis. If, however, the papillæ and glands remain quiet, then the condition is simply one of dryness with constant epidermic exfoliation. Of this variety Mr. Hutchinson said he had never seen such a marked and at the same time uncomplicated an example as in the case before the class.

In illustration of the hereditary character of the condition, Mr. Hutchinson mentioned several series of cases in which three or more brothers and sisters all suffered, and others in which it was known to have been present in several generations. A want of development of both sudoriparous and sebaceous glands might be supposed to be an important part of the condition, for the patients never have skins normally supple or oily, and almost always complain that

they cannot sweat. In some cases the palms and soles suffer, but in others they are free. In degree, the malady varies within wide ranges, being in many instances nothing more than a slight harshness of the skin. In a few cases of exceptional severity, there is observed a tendency to contraction of the skin, which becomes rigid, like parchment; and this state, when occurring in the face, may draw down the eyelids and produce great deformity and annoyance. In the less severe cases the patients do not usually suffer much inconvenience, and as, in a large majority of cases, the face and hands are exempt, the patients are not materially disfigured. The only treatment which is useful is to supply artificially that which is deficient—some unguent to the skin. In the man whose case gave rise to these remarks the history was, that the condition had existed from the earliest infancy, and that it had not of late years got either better or worse. A brother of the patient was in a similar condition, whilst their only sister was quite free. The man had two children, both of whom had healthy skins, and he was not aware that any of his predecessors had suffered. He had not observed that his state varied much with different seasons of the year, but he had noticed that in the hottest weather he very rarely perspired.

ST. GEORGE'S HOSPITAL.

OLD ULCER OF LEG; SKIN-GRAFTING; PECULIAR BEHAVIOUR OF ENGRAFTED SKIN.

(Under the care of Mr. PRESCOTT HEWETT.)

THE following case—for the notes of which we are indebted to Mr. William H. Bennett, house-surgeon—is an interesting one, and illustrates a curious law of cutaneous efflorescence, absorption, or ulceration, which was first clearly defined by Hebra. Its manifestations are perhaps best seen in psoriasis, but are often equally clear in other skin eruptions. "If," says Hebra, "two or more patches of a cutaneous affection come into contact as they increase in size, their further advance is checked at the points where they meet. Thus, so far from the one ring passing within the other, and their both continuing to spread (as might be expected to occur), neither of the two segments is formed. Where there are two rings, a figure of 8 is the result; where there are three, one resembling a trefoil. The figures thus produced may still continue to enlarge, and may again coalesce with any fresh rings which they may meet." It is scarcely possible to fail to observe that the same law which governs the development and spread of psoriatic patches determined the growth of the skin-grafts and their eccentric disintegration.

J. W—, aged sixty-four, a gardener, was admitted on Sept. 16th, 1874. Twenty-five years ago the patient struck his right leg, and knocked a small piece of skin off the shin. At this spot an ulcer formed, which had never healed. During the last two years the sore had rapidly increased in size. The man stated that he never had syphilis, and had always been healthy, with the exception of this wound on the leg.

On admission, there was a large excavated ulcer on the inner side of the right leg, discharging a great quantity of foul-smelling pus. The sore extended upwards from the ankle for about 6½ in., and was about 3½ in. wide. The granulations were pale, the edges elevated, hard, and fibrous. The veins at inner side of knee were varicose. The urine was normal. The leg was dressed with carbolic lotion, and the patient was ordered a draught containing tincture of the perchloride of iron three times a day.

By Sept. 21st the wound had cleaned sufficiently to allow skin to be transplanted, and accordingly six pieces (two of which were taken from the patient himself, and the remainder from a healthy student) were engrafted on the ulcer, and retained in position in the usual way.

At the end of a week, on examining the transplanted pieces of skin, they were found to have "taken" remarkably well. From this time each graft seemed healthy, and grew rapidly, until it became the size of a shilling. A peculiar process now began in these "plants." The centre of each was slowly absorbed, until the ulcer presented the appearance of six whitish rings painted on a red ground. Notwithstanding the absorption which was thus occurring in