

have been the likeliest cause of the disease. Had the enlargement of the heart anything to do with the production of the disease of the kidney? This appears rather improbable, but it is also uncertain. We do not know which affection began first. The disease of the heart does not seem to have offered any great obstacle to the circulation. The absence of decided enlargement of the right ventricle seems to show that there could have been little habitual accumulation of blood in the systemic veins, and consequently little congestion of the kidneys from this cause.

2. *Of the hypertrophy of the heart.*—This might have been a result of the previous pericarditis; if not, I see no other obvious cause, unless it be the disease of the kidneys.

3. *Of the pericarditis.*—The main cause of this was probably the renal disease, but the immediate exciting cause was exposure to wet. By interfering with the action of the skin, and by still further impairing the function of the kidneys, we can understand how this cause might add to the already impure state of the blood, induced by the renal disease. Such a conclusion, if not warranted by this case singly, is the only one which seems deducible from the comparison of a larger number of cases. In many cases of renal disease, pericarditis comes on without any additional cause; but I have never seen pericarditis occur in a previously healthy subject, from mere exposure to cold and wet, unless rheumatism were at the same time produced. In the language of nosologists, the renal disease was the predisposing cause, and such cases illustrate the great relative importance of this class of causes, as compared with the exciting causes, and also throw light upon one, at least, of their modes of operating—viz., by inducing an impure state of the blood. The exciting cause, however, had a real influence, as is shown by the short time which elapsed between its application, and the first symptoms of the acute attack. The former attack of pericarditis may have arisen, likewise, from the renal disease. There is no mention of any attack of rheumatism.

The coma appears to have been the immediate cause of death. The whole duration of the acute attack was about ten days.

Treatment.—On the first day, before the state of the urine was known, and whilst the nature of the cerebral affection was considered doubtful, the patient was cupped over the nucha, and a brisk purgative ordered. As soon as the urine was known to be albuminous, I considered the cerebral symptoms to arise from Bright's disease, and I ordered elaterium, in quarter-grain doses, to be frequently repeated. This was prescribed with the view of producing copious watery evacuations, which I have found to relieve the stupor in various cases of a similar kind. None of the medicines, however, acted upon the bowels, and the patient died on the second day after admission.

ST. BARTHOLOMEW'S HOSPITAL.

MEDICAL CASES TREATED AT THIS HOSPITAL.

Reported by E. L. ORMEROD, M.B. Cambridge,

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ENCEPHALOID DISEASE OF THE STOMACH.

CASE 3.—John B—, aged sixty-four; March, 1846; Luke back-ward; under Dr. Roupell. A large, very fat man, formerly weighing seventeen stone, but now somewhat less; a looking-glass silverer; habitually intemperate; was admitted for weakness and tremors, affecting chiefly the upper extremities, so that he could not feed himself. This was his sole complaint, and thus he continued till within four days of his death, when he was suddenly taken with pain in the head, vomiting, thirst, and complete loss of appetite. He died, after a long painful agony of a day's duration, it is considered of fever, which he had taken in the ward. To the last he was free from pain in the stomach.

Body examined twenty-six hours after death.—Warm dry weather. No marks of decomposition externally; no particularly marked suffusions, and no smell of putrefaction. Limbs relaxing from their rigidity. Arachnoid white and opaque, with little white dots in the meshes of the pia mater. Substance of the brain soft, with numerous bloody points, and little vessels full of coagulated blood, drawing out like hairs on suction. The arteries about the base were thickened, and yellow in patches. The pleuræ were extensively adherent; the lungs generally emphysematous, oedematous, and posteriorly rotten, readily tearing down under the fingers. Beyond the enormous deposit of fat about the heart, and the deep staining of the

lining membrane on the right side, there was little to notice in this organ. The peritoneal surface of the stomach was dusky, and injected near the pylorus; the mucous surface was red and rough, especially towards the pyloric end of the organ. The mucous membrane here, as in the upper part of the duodenum, was emphysematous; the sub-mucous cellular tissue of the stomach infiltrated with a creamy fluid, by which it was widely separated from the muscular coat, the whole of the coats together forming a thick membrane, traversed by fine striae parallel to each other, at right angles to the axis of the stomach. The emphysematous condition of the mucous membrane tended much to obscure the particular local changes that it had undergone; but a small, white, fungous growth was attached near the pyloric end of the lesser curvature of the stomach, while a ring of the same substance, presenting an appearance very like that of psoriasis, lay near the same place. There was nothing to notice in the small intestines or mesenteric glands. The liver was large, indented by the pressure of surrounding parts, and, as viewed by the microscope, in a state of commencing fatty degeneration. A few cartilage-like bodies, small, with opaque spots and striae, without any enveloping membrane, were scattered beneath the capsule and throughout the substance of the organ. A lobular mass of fat, partly crossed by fibres of the cremaster muscle, lay attached to the spermatic cord on each side, chiefly external to the inguinal ring.

This case is interesting, as presenting a rather unusual form of malignant disease of the stomach.* Rokitsky speaks of encephaloid disease of this part as generally occurring in connexion with a high degree of vascular action in parts already suffering under the fibrous form of disease, the areolar being an intermediate stage in the development of the encephaloid from the fibrous. But the encephaloid being more common than the areolar, although a stage beyond it in this process, the difference is accounted for in the more frequent occurrence of encephaloid cancer as an original lesion, of which the above is an instance. The point, however, to be chiefly illustrated by the annexed cases, turns on the pathology rather than on any exact anatomical distinction of the lesions.

It is remarkable how a man could have gone on, not merely living without any symptoms of so formidable a disease in a part of so great importance and such lively sympathies as the stomach, but actually taxing this organ to its utmost; for his appetite was most voracious, and emaciation had very little reduced the truly enormous deposit of fat with which every part of his body was loaded. The explanation probably lies in the fact, that the diseased part offered no mechanical obstruction to the functions of the stomach being properly performed,—that he had so much less surface of stomach where-with to digest his food,—but that the part of his stomach which did execute its functions could do so unhindered by the disease of the pyloric part. The most striking illustration of this principle that we can recall is mentioned by Pemberton;† where a cancerous ulcer had advanced very much further than the disease mentioned above, even to erosion of the walls of the abdomen, “without any one symptom by which such a disease of the stomach could possibly have been suspected,” because “the mischief was so situated as not to interrupt the passage of the food.” The following case supplies an apt illustration, the converse of the above:—

SCIRRHUS OF THE PYLORUS.

CASE 4.—William D—, aged forty-five; March, 1845; Luke back-ward; under Dr. Roupell. A man, with no appearance of malignant disease, extremely emaciated. He had been suffering for nine months from vomiting, about three hours after every meal, this sometimes, though rarely, intermitting for three or four days,—from constipation and extreme progressive emaciation. The matters vomited were never mixed with blood, but generally dark-brown and pultaceous. He died after about six weeks' stay in the hospital, the only point of interest in his case, beyond the severe vomiting, over which medicine did not appear to exert any control, being the presence of a large quantity of urea in his urine.

Body examined thirteen hours after death.—Lungs generally emphysematous; the black pulmonary matter on the surface contrasting strongly with the pale-white colour of the rest of the organ. Within, they were oedematous, breaking down readily under the finger, but resisting traction well. A small pulmonary abscess existed near the apex of the left lung, close beneath the pleuræ. Stomach more than four times the ordinary size; externally healthy; within, stained of a dirty purple, and coated with thick mucus, beneath which, the

* Rokitsky Path. Anat., vol. ii. p. 202.

† Diseases of the Abdomen, p. 126.

mucous membrane appeared entire, but *mamellonnée* in an extreme degree—this towards the pylorus; at the cardiac end the coats were partially digested. The stomach contained a large quantity of the same kind of fluid as he had vomited during life. The pylorus was contracted—so as hardly to allow the passage of a common pencil—by means of a hard ring projecting all round, single on the side that lay uppermost, but on the side nearest the pancreas double, the two ridges leaving between them a cavity big enough to contain a hazel-nut. Perhaps the whole morbid growth was not more than an inch and a half in diameter, the pyloric orifice of the stomach lying in the middle of the thick ring. Some small, white, hard bodies were found in the gastro-splenic omentum; none elsewhere. The mesenteric glands were rather large, but grey, and of natural consistency. Except a little black dotting of the follicles of the colon, the intestines were generally healthy.

There can be little doubt that any other mechanical obstacle, acting to the same extent, would have produced analogous results by vomiting and progressive emaciation; for the scirrhus substance, in the present instance, had not undergone any change by ulceration on the surface; it was merely a hard annular mass, which, but for the little bodies in the gastro-splenic omentum, could hardly have been ascertained to be of a scirrhus nature, the existence of these little bodies being the only evidence that the pyloric disease was not purely local; yet this small mass of fibrous cancer had produced the severest symptoms, while in the former case a far greater extent of encephaloid cancer had existed, not only without a single symptom referable to the stomach, but with proof of an unusual degree of activity of the functions of that organ.

The form of the diseased parts is worth a little attention, for it would appear not to have been merely an accident that the scirrhus growth took the form of a double ring. In the notes respecting a patient in the same ward a few weeks previously, whose symptoms corresponded very closely with those of the last-described case, the changes of the stomach are described as consisting of general thickening about the pyloric orifice, the aperture being reduced to about the ordinary diameter of a drawing-pencil in one point. The thickened walls becoming gradually thinner from this point towards the cardiac end, were covered with a smooth mucous membrane, which continued for about an inch; and then, after crossing a somewhat raised edge, the mucous membrane regained its normal surface, and the walls of the stomach their usual thickness. Towards the duodenum, the stricture terminated quite suddenly, but about a quarter of an inch further on, another elevation of the same kind, but of a rather smaller size, was to be observed. On section, the parallel striæ at right angles to the axis of the stomach were very distinct; but in the absence of any other proof of the cancerous nature of the pyloric disease, we have not communicated any further details of the case, which, indeed, only presented the same amount of symptoms, with more local changes, than existed in the one which has just before been related.

These must be considered as cases cut off accidentally, as it were, before the full development of the cancerous mass. It will be interesting to compare them with a case in which the disease ran its way to destroy life by the actual amount of organic lesion, without reference to any particular seat of such lesion.

Such a case is the following, which, for actual extent of lesion, exceeds any other that my note-book contains, and having been already referred to, may be conveniently here reproduced in an abridged form.

CANCER OF THE STOMACH AND PERITONÆUM.

CASE 5.—John B—, aged fifty-six, April 21, 1842; had suffered more or less pain and uneasiness in the right hypochondrium for six months; for the last three months has had vomiting after taking food, and for the few last weeks has been obliged to desist from his trade of shoe-making.

Till July 10th, when he died, he presented little to notice from day to day. The general conclusions may be summed up in a few words; that he had progressive emaciation, constant vomiting of almost all that he swallowed, food or medicine, but never of any blood. His appetite was most voracious; his bowels were obstinately costive. The treatment was solely directed to support his system.

The body, on examination, presented an appearance of the most extreme emaciation. The heart was of not more than one-third the usual size, and quite without fat. The black pulmonary matter beneath the pleura contrasted very strongly with numerous small white patches on the surface, and enter-

ing a little way into the substance of the lungs, which, with the exception of a few earthy concretions, were otherwise healthy. The stomach was reduced to a thickened mass, about the ordinary size of the colon. Internally, it had the appearance of a new ulcerated surface; the scirrhus degeneration implicating the whole circumference of the organ from the pylorus nearly to the cardiac extremity. Its walls were, on an average, half an inch thick throughout; in some points, full three-quarters of an inch in thickness. There was an extensive deposit of scirrhus tubercles in the omentum, and a few, as noticed on a previous occasion, were scattered about an old hernial sac.

Cases presenting more extensive lesions than the above might easily be found; but they would not all supply the illustration which is here required of the progress of cancer of the stomach, of which neither any particular local obstruction, nor any drain on the powers of the system by hæmorrhage, has hastened the fatal termination. We forbear to dwell on any other single morbid appearances which would require the narration of more cases to show that they were anything but accidental in the particular instance, but we confine our attention here to the illustration of the influence which the situation of the disease has on the production of the symptoms of cancer of the stomach. On this, as on all other questions relating to the subject, it is almost needless to refer the reader to the most elaborate systematic treatises of Dr. Walshe for all that is known of cancer.

ON THE TREATMENT OF

CHRONIC DISEASES OF THE SKIN.

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ORDER VII.—TUBERCULA.

THIS order comprises nine genera, six of which—viz., *Phyma*, (boils,) *Verruca*, (warts,) *Molluscum*, (a very rare disease,) *Vitiligo*, *Elephantiasis*, and *Framboesia* (diseases of foreign climes)—require no further notice. The three remaining genera—namely, *Acne*, *Sycosis*, and *Lupus*, deserve a separate consideration.

ACNE.

Acne is a disease of the sebaceous glands, consisting of a process of sluggish inflammation in these organs, tending slowly to suppuration. It commences with clusters of small elevations, or pimples, with conoidal summits, which, having slowly completed their suppurative course, discharge their contents, die away, and give place to others. Willan speaks of four varieties—*Acne Simplex*, *Acne Punctata*, *Acne Indurata*, and *Acne Rosacea*. The first three more correctly describe the different stages of acne simplex than different species. The latter (acne rosacea) has a distinct character.

Acne Simplex commences with small elevations in the cutis, of a red colour, on an inflamed base, which slowly secrete a purulent matter. Clusters of these pimples, with conoidal acuminate summits, varying in colour, red, yellow, or black, are often seen disfiguring the face of young persons at the age of puberty. The disease is generally confined to the face, neck, and shoulders, and is most common on the forehead and chin. The eruption, if left to itself, gets better and worse, but generally lasts from two to seven years, commonly disappearing at mature age, but occasionally continuing for several years beyond. Nor has it always been found an easy task to arrest the progress of the unwelcome visitor. Lotions of a stimulating kind, such as a weak solution of the bichloride of mercury, appear serviceable for a time, but rarely prove of permanent benefit.

The perils attending the usual mode of administering arsenic have hitherto presented a sufficient objection to its use in a disease attended with no danger and little inconvenience. But a long experience of the absolute safety of decreasing doses, and of the power of the medicine over cutaneous affections generally, suggested to the writer, a short time ago, the propriety of testing its efficacy in acne simplex. The few opportunities of trial which have since presented themselves have inclined him to the opinion that acne may always be cut short by persevering in small doses for a few months, provided the system be otherwise in health. The following cases will afford a sample of the general results:—

CASE OF ACNE SIMPLEX ON THE FACE, CURED BY ARSENIC.

A. B—, a pretty servant-girl, aged nineteen, has been for the last three or four years disfigured by an eruption of acne simplex, in its various stages, on the forehead, chin, upper lips, and cheeks. Her general health is excellent. Arsenic was prescribed for her on the 30th of September, 1845.