

Sept. 3. Vision still less defective than at previous date, but he now complains of severe pain in the head, especially over the brows; his appearance was dull and his countenance flushed. To lose blood from the arm to twelve ounces. To continue the other remedies regularly. He had not reapplied in October, 1841.

Remarks.—We may, I think, fairly presume that this was an example of amaurosis dependent on passive hyperæmia of the visual nervous apparatus generally, the cause of its production not being apparent: I come to this conclusion from the dull, congested aspect of the countenance, the heavy, sleepy appearance of the eyes, and the sense of weight and oppression over the brows, as well as the indolent condition of the mental faculties, and tendency to sleep. Intolerance of light formed a prominent symptom in this case, and such I have found to be occasionally present in other forms; whilst the retina retained some powers of sensation, passing off with the increase of the amaurosis; but I am unable to account exactly for the circumstances which determine either its presence or absence. As regards the cause (exciting) in the present case, which occasioned the hyperæmia, the positions and occupations of the patient during his waking hours, may have greatly assisted, if it did not produce, the proximate cause of the complaint, aided by a tolerably free use of exciting drinks and irregular habits, which such individuals rarely consider unusual or faulty. By the operation of remedial measures his vision was much improved and his headach cured; but we find that on the 3rd of September he presented himself with the general and local symptoms of pretty active determination of blood to the head, for which general blood-letting was employed. I presume he was cured by these measures, or so much bettered as to think it not worth his while to present himself again.

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OBSERVATIONS

ON A CASE OF

SYMPATHETIC PRURITUS.

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(Read before the Medical Society of London.)

THE sympathies of the cutaneous tissue with the viscera are among the most interesting facts in pathology: indeed, the skin may, in many of its morbid changes, become a complete index of internal derangements, were our science sufficiently advanced to discriminate accurately between causes and effects.

Most of the writers on cutaneous disease have referred to this interesting point, and a

very numerous class of cases have occurred in my own practice to prove the important relative influence of remotely-situated organs on each other. We learn, therefore, that diseases of the skin are often set up *by nature* as counter-irritants or derivatives, by which a morbid action is transferred from an important or vital organ to one of less immediate consequence to the system; and also the converse to this, that the recession or repulsion, or, to speak more guardedly, the disappearance of eruptions, have been followed by most deleterious and often fatal results. These truths remind us of the danger of that treatment which is founded on empirical or superficial treatment.

A local disease of long standing becomes as it were essential to the constitution, the safety-valve or outlet of anything noxious to the system—chronic ulcers are *natural* issues. As a proof that the system avails itself of these drains for the dislodgment of that which might have proved deleterious by its retention, we may adduce that condition of ulcer termed the *menstrual sore*, bearing the character of a common purulent ulcer, except at the customary periods of the catamenial flow, when its secretion becomes sanguineous, or rather tinged with the dark red colour of the menses. The rationale of these facts is this—that on the establishment of these drains, some of the natural and healthy secretions become gradually diminished in quantity, the glands which perform these secretions having been long accustomed to a relaxation from their full duty, will not be in a capacity *suddenly* to reassume an increase of power equivalent to the necessity; the system, therefore, becomes oppressed, and disease ensues.

We often become impatient at the non-success of our treatment in these cases, at the resistance of the constitution to what we term remedy. We condemn nature as ungrateful and capricious, when she clearly understands her own business best, and offers this resistance, because she feels that the remedy will be worse than the disease. Our efforts should, therefore, be directed in these cases to obviate the ill effects of spontaneous or artificial repulsion of disease from the surface: we must, at the same time, remember that the establishment of disease on the skin will often *react* on the system to the detriment of the constitution, and in other cases its extension to important tissues may be destructive; and in the course of the acute diseases, scarlatina, rubeola, variola, the spreading of the rash or pock to the air-passages, may lay the foundation of phthisis.

Now, if we consider the anatomy and physiology of the skin, its sympathy with the mucous surface of the alimentary canal (which is, indeed, but an epithelium or off-setting membrane from it), and also of the apparatus of the pulmonary and renal func-

tions, its relative importance will be at once confessed.

The bowels are disordered during skin diseases oftener than many pathologists allow; so also muco-enteritis will sometimes keep up disease of the skin, as a natural effort to restore. The deranged secretions of the kidneys may also, in reference to skin disease, be often considered as cause and effect; and perhaps this fact may explain the *modus operandi*, or, at least, the efficacy of alkaline remedies in these cases, by improving the quantity and quality of the renal secretion, as well as by removing acidity from the bowels. In the *lithic diathesis* the skin is generally diseased.

As an illustration of these remarks, I may relate the sequel of a case (the type of many others) to which I alluded casually in the course of a former debate. I was requested to see a young married lady in consequence of a severe and most distressing cutaneous disease, which was not only the source of constant disquiet during the day, but which deprived her of sleep during the whole night. I was aware that about the sixth or seventh month of her late pregnancy (her infant being at this time some months old), a most distressing cutaneous irritation had then supervened, which was the source of many sleepless nights, and increased until it was apparently the cause of, and terminated in, premature confinement. From this she had rather a protracted convalescence, in consequence of free hæmorrhage and exhaustion. In December last the pruritus recurred with increased severity, and after two or three weeks I visited her in the country. Her suffering was at this time most acute, although to a certain degree remittent, and it was excited by comparatively trivial causes. There was, however, somewhat of a regularity in its remissions, being the most severe about eight or nine o'clock in the evening: a sudden or loud noise would at any time produce it, when it seemed to resemble neuralgic pain, flitting from one part to another, or traversing the skin in lines.

On examination, the skin over almost the whole body was studded with small, dark, bloody crusts, *apparently* from the abrasion of papulæ or vesicles. This, however, was a fallacy. As I sat by the side of this lady during the greater part of an evening, I could immediately examine the seat of the pruritus or stinging, which was often instantaneous from a state of repose. I could not, however, discover on that portion of her skin (which was naturally peculiarly fair) the slightest morbid mark, papula, exanthem, vesicle, or weal. The nails were, however, instinctively applied to the part, and then a weal was observed, and soon after a bloody point from the abrasion of a papilla.

It was clear that this was a morbid exaltation of the state of the papillary nerves, an error of innervation, as some would term it,

or hyperasthenia of the skin from remote sympathy; but the primary functional derangement was not so clear. We know that changes in the spinal cord will give rise to hyperasthenia of the skin, and that depraved hepatic and renal secretions will also produce a variety of cutaneous derangements. In the former affection of this lady the condition of pregnancy was very judiciously judged to be the exciting cause by my very experienced friend, Mr. Martin, who attended her in her precarious confinement, as that gentleman found the pruritus gradually subside on her delivery, the lochia, perhaps, in some degree, acting as a derivative. In a subsequent correspondence we agreed that a secondary affection of other organs was the immediate exciting cause.

In November last and early in December the lady had been subject to irregular uterine discharges, yet there was a suspicion of early pregnancy; but she now asserted that she was much *smaller* in the abdomen, and therefore if the ovum were still in utero, it was probable that it was checked or blighted. The digestive functions were much deranged; there was no appetite; dyspepsia followed the swallowing of food; the evacuations were unhealthy; extreme languor and exhaustion ensued, and universal distress and prostration were apparent. On testing the urine, which was flaky, with litmus paper, it was instantly changed. The indications were to amend these secretions, especially that of the kidneys, leaving the uterine or remote causes to time, at the same time soothing the immediate paroxysms. Extract of colocynth and blue pill were occasionally given in small doses. Acetate of potass, tincture of hop, and syrup of marsh mallow, were taken perseveringly three times in a day; of Dover's powder twelve grains each night at bedtime. The tepid-bath was occasionally used; a strong decoction of poppies extensively employed in the evening on retiring to bed.

In a fortnight, during which period the plan was most assiduously adopted, I found this lady improved in every respect; the appetite was restored; the urine and other secretions nearly healthy; the paroxysms of pruritus far less frequent; a great portion of the nights passed in sleep; the strength returning, and she was evidently gaining flesh. These amendments continued without relapse, and in about three or four weeks a letter to me announced the lady's convalescence, and an unequivocal progress in her pregnancy.

March, 1842.