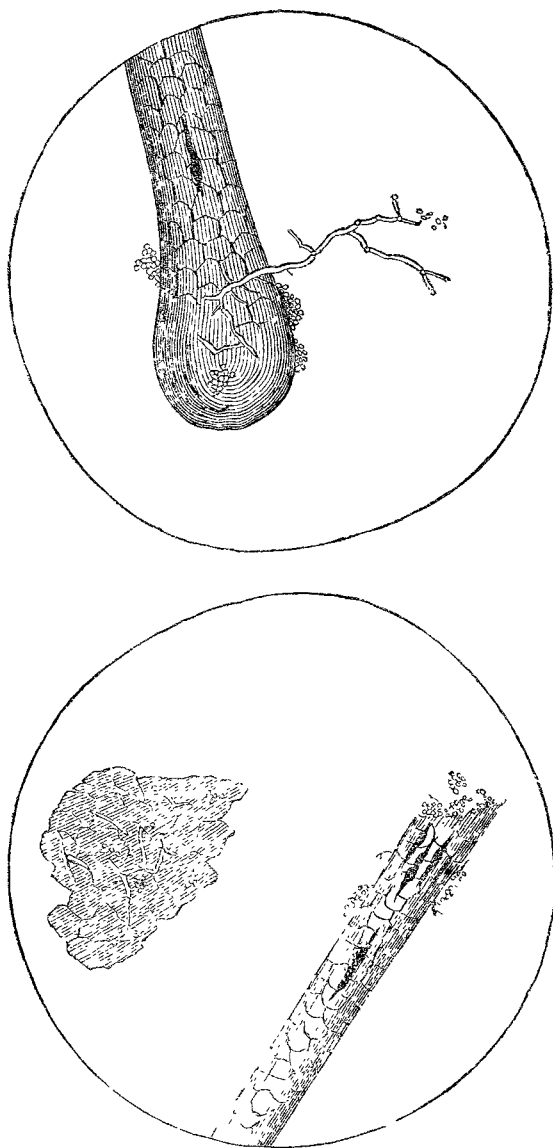


The following are the features which point to the parasitic nature of the slighter form of *tinea circinata*:—

1. It is a primary form of disease; pityriasis is often secondary to eczema, &c.
2. The form is circular.
3. Two or more members of a family or school are affected.
4. Parasitic elements are detectable together with the products of slight inflammation.
5. The disease is not of short and definite duration, but chronic, and may last a long time.
6. There may be on other parts of the body well-marked circular patches of *tinea circinata*, or on the head *tinea tonsurans*.

Many of these points are exemplified in the following case:—

A little girl presented herself a few weeks since with a slightly roughened circular patch, like pityriasis, on the face; there was a second patch over the left eyebrow, involving the outer half of the eyebrow itself; and here the hairs were broken off, and changed exactly as in *tinea tonsurans* of the scalp. A sister was affected with *tinea circinata*. The microscopic appearances of the two distinct patches are represented below.



This case seems to show that under the term *tinea circinata*, we must rank cases of parasitic pityriasis, as well as so-called parasitic herpes circinatus, and other cases which approximate eczema in appearance, according as the irritation produced by the parasitic growth is great. It also explains the difference between ringworm of the surface, and *tinea tonsurans*, as one of seat; in the one case the hairy parts are affected, in the other the hairs are few, and the epithelial scales are mainly diseased.

The treatment of *tinea circinata* by ordinary parasiticides is easy when once a correct diagnosis is made.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF SCURVY.

(Under the care of Dr. DÜCKWORTH.)

THERE is only one disease of which it may be truly said that we know not only its exact cause, but its certain remedy. Scurvy, it seems to us, deserves on this account more attentive consideration than it usually obtains. Content with our ability to cure it, we are apt to forget the very large class of disorders which are analogues of this, and of these we may hope to arrive some day at an equally satisfactory knowledge, guided by the study of the phenomena of scurvy. The following is quite a recent and well-marked case of this interesting disorder:—

A. W—, aged forty-nine, a blacksmith from a village in Buckinghamshire, was admitted into Luke ward lately, in a feeble cachectic condition, suffering from scurvy in a well-marked form. His complexion was muddy and sallow, and his body imperfectly nourished. On the legs were several large vibices, and some were seen on the inner surfaces of the thighs. There was marked stiffness of both knees, and some apparent thickening about the tendons of the flexors in the hams; also stiffness in all the toes. The gums were in a foul, fungating condition, and several of the teeth were loose. There were hardly any sound teeth in his mouth. The least pressure caused bleeding from the spongy protrusions, and so much pain was there that only "spoon food" could be taken. Nothing abnormal was detectable about the various viscera. The urine was natural.

His history was as follows: Owing to the discomfort experienced after taking any kind of vegetable food, he had lived from the beginning of this year on a diet consisting of bread and meat, with tea and milk. He positively ate no vegetables or fruit of any kind. For the last three months he had felt himself becoming weaker, especially when called upon to employ the hammer assiduously, and he had also felt pains in his legs. Next he observed small red spots to appear on the legs, and gradually his mouth became more tender. Lastly the large red patches occurred. He had been treated at home for disorder of the liver; but finding no improvement, he came to town to get advice.

He was ordered full doses of chlorate of potass out of bark decoction, with a diet of eggs, beef-tea, and milk, cabbage for dinner, and fresh lemonade for a drink. Some port-wine was also given. As no marked effect on the gums followed the use of chlorate of potass, they were ordered to be rubbed twice a week with solid nitrate of silver, in accordance with a plan found effectual by Dr. Buzzard, and recommended by him.* This seemed to prove of considerable service, and the man became able to chew soft food again. The vibices faded away, and the joints became supple. He was next put on steel mixture. At the end of twenty days' hospital treatment, he was making rapid strides towards health. Dr. Duckworth described this as a case of land scurvy, rarely now met with. Professor Christison had described a series of cases like it which occurred amongst railway labourers some years ago at Hawick. These men were cut off from supplies of fresh provisions, and lived upon tea and farinacea, with a small quantity of animal food, and no vegetables. Scurvy broke out amongst them, and they were sent into Edinburgh for treatment.

THE HOSPITAL FOR WOMEN.

A CASE OF PERI-UTERINE HÆMATOCELE.

(Under the care of Dr. A. MEADOWS.)

CASES of pelvic hæmatocele are sufficiently rare and interesting to warrant attention being called to the following example, especially as, notwithstanding that of late years much has been done in elucidating the diagnosis of these cases, it must be admitted that occasionally great difficulty exists in this respect. Fortunately, the treatment is, as a rule, comparatively simple, but undoubtedly much may be done by the skilful and judicious administration of remedies.

E. A—, aged thirty-three, was admitted into the Hospital for Women with the following history. The catamenia

* Reynolds's "System of Medicine," vol. i., article "Scorbutus."

began when she was twelve years of age, and continued regularly for two years, when they ceased for several months, and during that time the patient was in bad general health. For this she was treated; the catamenia returned, but for four years were very irregular. Then, for two years, they were again regular, and at this time, the patient being then twenty years of age, she married, and soon became pregnant. However, she aborted at the fourth month, apparently from lifting weights. After the abortion much blood was lost. Six weeks afterwards the catamenia returned, and continued regularly for six years, when pregnancy again occurred, and this time the patient aborted at two and a half months, from the same cause as before. A sanguineous discharge followed for nearly three months. Subsequently the catamenia came on at irregular intervals of from two to six weeks. The patient remarked that, on those occasions when the flow was delayed, a good deal of pain was experienced in the hypogastric region, after which clots would pass with something like labour pains. In May, 1868, she menstruated much as usual. In June and July there was much pain in and about the pelvic region, but no catamenial discharge; and on August 12th, while sitting quietly at work, and having had no particular fatigue, she was suddenly seized with severe pain in the hypogastric region, extending through to the back, and gradually spreading over the abdomen. She was obliged to go to bed at once, and could not extend the legs for two or three days. Now and then crampy-spasmodic pains returned, and were followed by increased abdominal pain and tenderness, with occasional retching. The bowels were relieved with great pain.

On August 18th the catamenial discharge reappeared scantily, after an absence of three months. It lasted for five days, and was of a dirty-brown colour.

She was seen by Dr. Alfred Meadows on the 30th of August, when the following note was made: Vagina hot, moist; cervix uteri small, soft; os small, circular; uterus partially fixed by a bulging mass behind and to left, pushing it forwards to pubes, and to right side. The mass in vagina had a doughy, semi-elastic feel, and was influenced by pressure externally. The parts were tender, but not acutely so. Pulse 90. Tongue a little coated. She was ordered to remain in bed, to have full diet, three ounces of wine and a mixture of the sesquichloride of iron, perchloride of mercury, and aconite.

On September 18th, it was noted that the uterus was somewhat more movable, and the bulging less.

On the 23rd, the uterine sound was for the first time cautiously used, and the uterus then measured three inches and a half.

On the 25th the catamenia reappeared for three days. The sesquichloride of iron was afterwards changed for the iodide of potassium, and iodine liniment was ordered to be rubbed in over the lower part of the body night and morning. The local symptoms continued to improve rapidly.

On the 4th of October a mixture of acid and bark was given; the patient was allowed to move about, and experienced no pain in doing so.

Ten days after this it was noted that the deposit, which had become much harder, was a good deal diminished in size. The uterus was anteverted, and still partially fixed, but nearer to the centre of the pelvis. She now rapidly recovered, and on Nov. 1st she was discharged from the hospital, there being then little or no deposit, and that could only be felt on deep pressure in the posterior cul-de-sac.

Dr. Meadows remarks that the chief interest which attaches to cases of this kind is in regard to diagnosis. There can be no doubt that in the case under notice, the immediate cause of the attack was the escape of some menstrual fluid into the peritoneal cavity, and the formation of a peri-uterine hæmatocele. This fluid probably found its way from the uterus along the left Fallopian tube into the peritoneal cavity, causing there, and in the pouch behind the uterus, the bulging which was felt when the patient was first examined. At first there would be some degree of peritonitis, by which the effused fluid would become encysted. After a time this is reabsorbed with more or less completeness, but it is very often the foundation of future evils by the formation of adhesions, which, in subsequent contractions, draw the uterus from its normal position, prevent healthy menstruation, and give rise to much local distress. Diagnosis in such a case is determined chiefly by the history, and has reference,

1st, to disordered menstruation—chiefly to delay, irregularity, and pain; 2nd, to the suddenness of the attack in connexion with such deviation; and, lastly, to the information obtained by a vaginal examination, especially in regard to the physical characters of the swelling, its degree of solidity, its situation, and relations to the uterus.

THE ARMY MEDICAL REPORT FOR 1867.

No. III.

THE Appendix to the Report still remains to be considered; and we may begin with an official document which is apparently the joint production of the Sanitary Committee of the War Office and the Army Medical Department. We allude to the instructions to medical officers (especially to those serving in India) relative to the systematic and scientific investigation of cholera. The instructions display a vast amount of learned labour and special knowledge. Some branches of the proposed inquiry are very well sketched out, and several of the suggested experimental observations are novel in character. The instructions embrace statistical, topographical, meteorological, chemical, experimental, microscopical, physiological, and pathological—; but space would fail us to enumerate all the heads and tails of the proposed investigation. We presume that a thoroughly exhaustive method of treatment has been aimed at: whether wisely or not is doubtful. To carry it out will require a very skilful subdivision of labour, immense painstaking on the part of the observers, and such an extended period for observing that it almost reminds us of time in its geological sense; for cholera, like the epidemics of the middle ages, may have disappeared, and been replaced by a new scourge, ere the inquiry in all its details has been executed. Even to master all these details is a work of no small intellectual labour; and the man who could pass a good examination in them ought to have a degree—in cholera—conferred upon him. To collect and register the facts, you must descend into the bowels of the earth and ascend the heavens in a balloon, measure the heat, register the rainfall, test the air, microscopically examine everything, and chemically analyse all you microscopically examine; and when you have done all, you must set about it again, in order to test the accuracy of what has gone before. Such are the impressions which a perusal of this document has left on our mind; but we may have occasion to refer to the subject hereafter when we have had leisure to digest such an enormous weight of mental pabulum.

The succeeding paper is on the Dry-earth System, as practically tested in India; and this will well repay perusal. After a minute consideration of the subject, the War Office Committee decide in favour of drains with an outlet, and the connexion of latrines with them wherever practicable. They hold that, practically, very small falls are required; and drains laid level may be flushed at short intervals by comparatively small volumes of water. On first reading this contribution a host of difficulties suggest themselves; but we must assume, of course, that these were all raised and “laid” by the arguments used in discussing the subject. At any rate the paper embodies the opinions held by the engineers (royal and civil), generals, and medical sanitarians composing the Committee, some of whom have Indian experience to guide them.

Dr. Parkes, in his Report on Hygiene for 1868, gives a good *précis* of the advances made in his subject at home and abroad. Under the head of Water, he alludes to the different methods of analysis employed, and enumerates the different points seized upon by various chemical speakers and writers during the discussions that have