Part First.

ORIGINAL COMMUNICATIONS.

I.—DERMATOLOGY AT THE INTERNATIONAL MEDICAL CONGRESS AND IN THE DANISH HOSPITALS.

By W. Allan Jamieson, M.D., Extra Physician for Diseases of the Skin, Edinburgh Royal Infirmary.

If the total number of members attending the Congress of 1884 was less than at that of 1881, the foreign element was both numerically and relatively greater, and the amount and quality of the work done will compare very favourably with the great meeting in London. There is a degree of quiet earnestness in the Danish character which may have conduced to this; and while labour and refreshment were most admirably blended, there was an entire absence of any feverish hurry. As I devoted my time exclusively to the section of Dermatology and Syphilis, I can speak only of what was done there. The classroom in the University, where it held its meetings, was always well filled, and close attention was paid to the subjects for the nonce under discussion. Professor Haslund, the president, opened the proceedings on Monday morning, the 11th August, by a short address of welcome, delivered in French, and then the programme for the day was proceeded with. The etiology of lupus vulgaris took the first place in the list, and Professor Doutrelepont, of Bonn, enunciated his views. He regards lupus as a form of tuberculosis of the skin, and cites in support of this the histological structure of the lupus tubercles, the proved presence of tubercle bacilli in these, and the results of the inoculation of portions of lupus tissue on animals. He believes also that the clinical course of lupus is in favour of this view. Dr Leloir of Paris followed, and developed still further the same view. When Professor Kaposi in turn spoke, he rejected the opinion that lupus is a tuberculosis of the skin in toto. He had seen, he said, 1200 cases of lupus, and considered it a disease suis generis, and quite distinct from tuberculosis of the skin, a rare disease, of which, however, he had seen a few examples. He produced from his portfolio some drawings of true tuberculosis of the skin, the scrofuloderma of some authors. One of these showed the characteristic, painful, and well-defined ulcerations on
the upper lip of a man; another, those on the lips and tongue. The features of scrofuloderma there depicted were most truthful and life-like, and were certainly quite different from those ulcers ordinarily seen in lupus. Professor Pick of Prague held that while tuberculosis of the skin was not necessarily lupus, yet lupus was a form of tuberculosis of the skin. While therefore an advance was made towards the solution of the question, no definite agreement was arrived at.

A paper by Dr Goldscheiden, Neisse, "On the Specific Functions of the Nerves of the Skin," was illustrated by a number of diagrams, life-size and enlarged, of the points of sensation of heat and of cold in different parts of the body, such as the tips of the fingers, the palms and backs of the hands, and the arms and back. On comparing the magnified charts it was seen that the points where heat and cold respectively are perceived, while in close relation, are not identical.

On Tuesday morning Dr Armauer Hansen and Dr Neisser showed microscopic preparations illustrative of the bacillus leprae in the museum devoted to the exhibition of instruments, drugs, and appliances, generally useful in cutaneous or venereal diseases, before the meeting of the section.

Dr Hansen showed the threads, chains, and spores, stained with methyl violet, the result of cultivation in blood-serum.

Dr Neisser demonstrated the presence of the rods in the liver and spleen of lepers. Dr Unna then described and exhibited some of his very useful and ingenious additions to the local treatment of skin diseases. In the first place he showed his salve muslins—thin pliant rolls of muslin or thin cotton spread on one or both sides, very smoothly and perfectly, with various salves. These salves are so compounded by Mr P. Beiersdorff, No. 46 Wohlers Allee, Altona, that they do not run, and are thoroughly incorporated with the muslin. In this way pieces of suitable size, and containing ingredients adapted to the case, can be cut off and at once applied. They accommodate themselves to all the sinuositities and inequalities of the parts, and at the same time adhere closely. Those salve muslins, which are spread on both sides, containing a larger quantity of the materials, are efficient for a longer time than those merely treated with the unguent on one surface.

Unna showed on a person present the way in which the zinc salve muslin, one of the most ordinarily applicable forms, can be fitted to the fingers, to the spaces between the fingers, by making slits in the piece and then drawing it on; to the forehead, the cheek, and, wrapped round a tube of oiled paper, to the inside of the nose. Iodoform salve muslin can, in like manner, be applied to the glans penis. More adhesive, owing to a basis of gutta-percha or indiarubber, the plaster muslins were next shown. These were beautifully flexible and admit of close adhesion. The mercurial and the salicylic plaster muslins attracted most attention. The glycero-gelatines
were next exhibited, or, as Unna called them, the glycerinleim compositions. These are soft and hard, and when employed are melted by means of boiling water, in a vessel containing which the can with the gelatines is placed, and when these are melted a layer is painted on with a brush and allowed to become hard. A formula for a generally useful one is,—

\[\text{B} \quad \text{Zinci oxidi,} \\
\text{Gelatini puri,} \quad \quad \quad \text{aa 10.0} \\
\text{Glycerini,} \\
\text{Aqua,} \quad \quad \quad \text{aa 40.0}\]

This Unna recommends for eczema of the bends of the elbows. Pencils of iodoform were shown which, dipped in water, could be used to touch a sore more or less lightly; and others made like those recommended by Bulkley, by Mielk, Hamburg, of adhesive substances, which, heated in a flame and then pressed closely to the scalp and snatched rapidly away, could be used to replace epilating forceps. The museum contained many modifications of Volkman's spoons for lupus and epithelioma, and of scarifying knives and acne lancets; also an ingenious instrument, the invention of Professor Bergh of Copenhagen, for facilitating the discovery of the acarus scabiei. This consisted of an achromatic Coddington lens, with a broad needle in its focus. This needle could be used to explore the furrows, which were rendered distinct by the magnifier. This is made by Nyrop, Kjøbmagergade, Copenhagen.

When the section met, a deep impression was made on the members present when Professor Haslund announced, in a few appropriate sentences, the death of Sir Erasmus Wilson, who had so ably presided in the same section at the London meeting in 1881, and who then seemed as energetic and vigorous as ever. The chair for the day was then taken by Professor Kaposi of Vienna. Dr A. Hansen of Bergen showed three leprous patients affected with the anaesthetic as well as the tubercular form. One of these was a still healthy-looking man, who had the tubercular form of leprosy on his cheeks and forehead, and the anaesthetic on the forearms. There were symmetrically-placed atrophic patches on the outer aspect of each forearm near the wrist, but so far movement was not materially interfered with. The second was a more advanced case. There were tubercular patches on the forehead, and these interspersed with atrophy on the nates, the brownish-red patches alternating with the white atrophic areas. All the affected parts occurred on the extensor and not on the flexor aspect. The third was the most advanced case of all. There was complete wasting atrophy of the muscles of the forearm and of the leg near the ankle, and this was developed to such a degree that the man required assistance to undress, his hands being quite helpless. On the foot the last phalanx of the great toe had become necrosed, and a mere pad of flesh was
folded over the second. On the back were pigmented spots, where there had been macules or tubercles. There was ectropion of the under eyelid, and keratitis, due to exposure and desiccation. Dr Hansen regards the disease as a specific one, contagious and not hereditary. The anaesthetic form, in which bacilli have not been found abundantly, he considers curable. The bacilli were found in nerves which had been extirpated from a patient in Honolulu affected with the anaesthetic form. Though cured, and no longer able to communicate leprosy, since they do not convey the leprous products, such persons are nearly valueless for active purposes. The tubercular cases die either as the direct result of the disease, or more often from secondary causes, and, as a rule, long before they are cured. With reference to the etiology, heredity and communicability exclude one another, since we are unacquainted with any contagious disease which is at the same time hereditary. Syphilis is not an example of this. It was shown by elaborate tables that isolation causes a rapid, or at least a very considerable diminution in the evolution of new cases of leprosy. The discovery of the bacillus lepræ has not yet solved the question of contagiousness, but goes to establish this; and the failure of experiments in animals is inconclusive. Dr Zambaco of Constantinople maintained that the disease was hereditary and not contagious. He described a primary stage of congestion omitted, he thought, by Dr Hansen, and showed a large collection of recently executed drawings of leprous cases in all stages of the disease which he had brought from Turkey. These were chiefly tubercular.

The afternoon was occupied with a discussion on a paper by Dr Pick, Prague, on the excision of the hard chancre.

Wednesday was a day of pleasure intercalated between those of serious work. Five large steamers conveyed the members of the Congress, their wives, and many Danish ladies and gentlemen, to the number in all of more than 2000, to Elsinore. The day was genial, and the coasts of Denmark and Sweden showed to much advantage. The harbour at Elsinore is small, and some time was occupied in landing the passengers, as one vessel only could enter at a time. A large concourse of people had assembled to welcome the learned men. Throughout all the time the extreme orderliness, patience, and good-humour of crowds in Denmark was particularly observable. On entering the castle of Kronberg a salute was fired from the guns mounted on the walls, and an excellent lunch was partaken of in various rooms of the castle set aside for this purpose. After this the members dispersed themselves to the town and its neighbourhood, including the pretty sea-bathing suburb of Marienthyt. On returning to Copenhagen by rail, a halt was made at Hillerød to see the palace of Frederiksborg, scarcely yet completely restored after a disastrous fire in 1859. It contains a number of pictures of the kings and queens which were saved, and the rooms are exceedingly handsome.
Work was resumed on Thursday, the hour before the section met being occupied by another demonstration in the museum, partly by Unna, partly by Grünfeld of Vienna. The latter showed a new and simple form of endoscope, in connexion with his paper on Endoscopy, read at the day's meeting. He described in it the different appearances presented by the membranous and prostatic parts of the urethra. And he pointed out that when applications were made to the latter part, these more frequently were deposited on the sides rather than the verumontanum and openings of the vesicular ducts. By the endoscope, too, granulations and polypi could be seen in the mucous membrane. Dr Liebreich, Berlin, took up the subject of the treatment of syphilis by means of mercurial injections. He employs the formamide of mercury. Formic acid is $\text{H}_2\text{CO}$, when two molecules of oxygen are replaced by ammonia we have $\text{CO}_2\text{NH}_2$. And when one molecule of hydrogen is replaced by one of mercury we have $\text{H}_2\text{CO}_2\text{NH}_2\text{Hg}$, the formamide of mercury. This, when injected deep into the tissues, causes much less chemical reaction than the solution of perchloride of mercury, or indeed, than any other solution heretofore used. The acetamide and the propionamide are also useful. In the discussion which ensued Kaposi declared himself still favourable to the method of inunction. Dr Behrend, Berlin, read a paper on a mode of diagnosis between hairs affected with the fungus of tinea tonsurans and that of favus. So long ago as 1873, Dr Dyce Duckworth had shown that hairs from a case of tinea tonsurans which were affected by the fungus elements became yellowish-white when moistened with chloroform and allowed to dry. This observation, though quoted by Neumann in his Lehrbuch der Haut-Krankheiten, seems to have been forgotten, and is not mentioned in any of the more recent manuals; it has escaped the notice of Dr Alder Smith. Behrend, however, again unearthed it, and in his communication pointed out that dark hairs affected with the trichophyton tonsurans become white when touched with chloroform, while hairs from favus are unchanged. Specimens of healthy hairs, of hairs from ringworm, and of hairs from favus so manipulated were handed round neatly enclosed between two watch glasses, when the difference was at once perceptible.

A paper on the time when gonorrhoea ceases to be contagious, by Dr Bockhart, Wurtzburg, led to an animated discussion on the relation of the gonococcus to gonorrhoea.

On Friday Dr Wulff of Strasburg expressed an opinion confirmatory of that originally propounded by Professor Lang of Innspruck, and published in Volkmann's Klinische Vorträge, as to the parasitic nature of psoriasis. He showed micro-photographs of the spores and mycelial threads which he had found in the membrane described by Lang and Bulkley as underlying the mass of scales, and
which he said were identical in appearance with those found and figured by Lang. He stated that a parasitic disease of the skin was not necessarily contagious, and cited tinea versicolor in illustration of this. Professor Pick said that it was more common to find spores in the scales of psoriasis than to fail in finding them, yet declared himself not as yet converted to the parasitic theory of the disease. Dr Unna mentioned a clinical fact in support of the contagiousness of psoriasis, at least in some instances. A nursemaid with psoriasis on the elbows and knees was placed in charge of three children, having no hereditary history of psoriasis, yet all three in course of time manifested it. Professor Lang maintained his previous opinion, and added that the fact that many of the most efficient remedies for psoriasis were of the class of parasiticides—as tar, chrysophanic acid, naphtol, thymol, etc.—favoured this. Dr Jamieson had not so far found the fungous elements described, though psoriasis was common in Scotland, and thought that the beneficial effects of alkaline baths, which could scarcely be regarded as in any sense parasiticide, in causing the disappearance of the patches of psoriasis told against the parasitic theory. Dr Wulff, in summing up, made the suggestion that the spores might possibly proceed from within outwards, as well as be implanted from without on the surface. The whole subject is very interesting, and deserves, and will likely obtain a searching investigation.

Dr Lipp of Gratz read a contribution to the study of variola and vaccinia, chiefly with reference to the occurrence of micrococci in the vesicles of these diseases. He had found micrococci in both, which, if not identical, resembled one another very closely. These micrococci arrange themselves in fours and multiples of fours. He had inoculated the result of the cultivation of the second generation, but so far unsuccessfully.

The concluding paper was read by Professor Haslund on the "Pathogenesis of Gonorrhœal Rheumatism." Respecting this two theories exist. One, that the so-called rheumatism is a result of the invasion into the articulations of the pathognomonic microbes of gonorrhœa; the other, that it is a purulent infection caused by the absorption of pus, produced by the urethral inflammation. The discoveries of M.M. Petrone and Hammerer still remain the sole proofs of the first view. The gonococci have been sought for in vain in the fluid which distends the articulations by many. Dr Haslund's observations incline him to the theory of purulent infection, without, however, being contradictory of the other opinion.

The President then closed the section with a short farewell address; and on a motion of thanks to him made by Dr Doutrele pont, and seconded by Dr Thin, the meetings terminated. The general feeling was that much valuable work had been done, and much information gained by all.

On Monday, the 18th, I visited the Kommune Hospital, which
is situated in an open space in the north-western part of the city. It embraces three sides of a square, and was built about twenty years ago at an expense of about £112,000. It is arranged on the corridor system,—the wards, which run across the building, opening endwise from the corridor. Two wards often communicate directly by an arched doorway. The hospital and wards, so far as I visited them, are clean, well ventilated, and not overcrowded. There are 250 beds for skin diseases and syphilis or other venereal disorders, under the charge of Professor Haslund and Dr Pontoppidan. The latter took me round the male wards, the visit being made alternately by each to the male and female side. All those patients who were able came to the doctor, who seated himself at the end of the ward with his back to the window. Moist eczema was treated while still oozing with ungüentum diachyli, and when the discharge had ceased with Lassar’s paste. The treatment was almost entirely external, internal medicines of any kind are scarcely ever prescribed. Dr Pontoppidan admitted that possibly this was carried too far, though he thought we, but especially American physicians, erred in the opposite direction. He said the result of treatment by local measures alone was quite satisfactory. He told me, in answer to a question, that eczema of the palms and soles, by no means uncommon in Britain, is scarcely known in Denmark.

Psoriasis, which seems of pretty frequent occurrence, is treated with alkaline baths, followed by inunction with vaseline, as recommended by Liveing, combined with the internal administration of arsenic. For circumscribed cases painting with chrysarobin traumaticine is employed. In scabies Kaposi’s naphtol ointment is used, one to three inunctions being usually sufficient. No baths are given when this mode of treatment is followed. One entire family had come in to be treated for scabies. All except one were found to be affected, and he, a boy of 11, had psoriasis presenting an unusual localization. The knees, elbows, head, and trunk were not implicated, but the patches of psoriasis were scattered symmetrically over both thighs, and there alone, though the disease had existed for some time.

For pediculi pubis, a solution of corrosive sublimate in vinegar is used, and found efficacious. Petroleum or kerosene oil in the treatment of pediculi capitis is either unknown, or, at least, has not come into use. True prurigo seems to occur much in the same way as in Austria. One child, aged 11, was shown to me who had already been treated for it in hospital fourteen times. Gonorrhoea in the male is treated with weak injections of permanganate of potass till the purulent secretion becomes moderate, then with mild injections of sulphate of zinc. There seem to be far more cases of gonorrhoeal rheumatism than with us; at least, many cases affected with it were seen occupying the beds. The fluid, too, sometimes becomes purulent, and then, as when the joint is very much distended, it is drawn off by the aspirator.
Chancres are treated with iodoform till nearly healed, and then are covered with emplastrum hydrargyri. Chloride of calcium in lotion is also a favourite application. For the constitutional treatment of syphilis the hypodermic method is exclusively employed, the needle being plunged deep into the nates, and the part rubbed briskly with the hand, when the needle has been withdrawn, to diffuse the fluid through the cellular tissue. The preparation already mentioned as that suggested by Professor Liebreich of Berlin is the one adopted. One per cent. of the formamide of mercury is the strength employed, dissolved in distilled water, and of this one gramme (15 mimims) is injected every second day. From twelve to eighteen injections are required in general. No pain is caused, nor are abscesses apt to form, while the disappearance of the cutaneous symptoms is rapid. Buboes are freely incised as soon as pus forms; then the interior is scraped with the sharp spoon, and the part dressed with iodoform, and covered with salicylic wool.

Quite a contrast to the modern Kommune Hospital is the Almindelig Hospital or Infirmary for Incurables, situated in the north-eastern part of the city, quite near the winter residence of the Royal Family, and considerably more than a hundred years old. For part of it little is being done,—that part into which registered prostitutes, found or suspected to be diseased when examined at the police office, are admitted and kept till cured. There are in all 1300 beds in this hospital. Dr Grünfeld took me over the incurable portion, the beds being filled mostly with old people. One case of myxoedema was shown me, exhibiting the same features as are found in the disease with us. The man had had it for more than ten years. There were many examples of myelitis, of ataxy, and of chronic rheumatic arthritis. One woman affected with the latter had been upwards of forty years in the hospital. Only one part seemed inconveniently crowded—that division where aged persons, not suffering from any ailment in particular, are kept. Here the beds were certainly packed rather closely.

In the absence of Professor Bergh, Dr Jespersen showed me the Lock Hospital. There are 520 registered prostitutes in Copenhagen, and many suspected women. At present the registered alone are treated here, the others are taken into the Kommune Hospital. A new hospital for venereal diseases is being built near the Tivoli, where all will be admitted when it is opened next year. From 60 to 70 women are usually inmates of the Lock. Inspection seems to be carefully conducted, since the cases are not as a rule severe: gonorrhoea, soft sores, lacerations, and abrasions constitute the majority. Syphilis is rare; usually there are but six or seven cases in all, and of these some are recurrences. Gonorrhoea is treated with irrigation with boracic acid lotion through a speculum. Urethral gonorrhoea is carefully looked for,
the urethra being everted by the examining finger. If there is any evidence of its existence, and this seemed by far the most frequent complaint, the urethra and bladder were injected with a 1 in 5000 of water solution of corrosive sublimate. This is repeated twice a day, seems absolutely painless, and cures in from ten to twelve days. Lacerations are treated with iodoform. Ulcerations, non-specific, of the cervix, with glycerine of tannin. For syphilis, subcutaneous injections of the formamide of mercury as in the Kommune Hospital, only the injections are made daily for 21 days, then every second day. Mucous patches are treated with chromic acid solution, latterly as strong as one in five. The gonococcus is often looked for in gonorrhoea, and is usually found. In examining the patients, except specula, no mechanical means were used to replace the fingers, though I was shown flat lead spatule at one time employed to separate the labia, now disused. Occasional cases of contagion from examination have occurred. The women were mostly young, but there were none very young, and there was one whose age was stated as 49.

II.—CITY AMBULANCE ASSOCIATIONS.

By Peter Alexander Young, M.D., Chairman of the Executive Committee of the Edinburgh St Andrew’s Ambulance Association.

Probably the first organized attempt to render aid to the sick and wounded originated during the Crusades, when orders of Hospitallers were founded. At first the members were not nobles, but undertook the work from a benevolent spirit, and with the desire to render help to their fellow-men in the hour of need. As time went on, these orders lost their original function, and became military knightly orders. Carlyle thus speaks of the beginning of one of the proudest of these orders, the Teutsche Ritter of the Marie-Orden, founded in 1190 at Acre:—“A company of pious souls—compassionate Lübeck ship captains, diligently forwarding it, and one Walpot von Bessenheim, a citizen of Bremen, taking the lead—formed themselves into a union for succour of the sick and dying, ‘set up canvas tents,’ medicinal assuagements, from the Lübeck ship stores; and did what utmost was in them silently, in the name of Mercy and Heaven.” These orders arose out of the necessities of war, and do not seem to have continued their work in their native countries during peace.

The only remains in England of these orders is the modern St John’s Ambulance Association, descended from the order of St John of Jerusalem, and is now entirely devoted to civil work. The chief function of this association is to educate its members in first aid to those who are suddenly seized with sickness or are hurt. They also supply ambulance matériel to different places throughout England.

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