water, white of egg in sugar water, chicken tea, or whey given in small quantities at a time. Brandy also may be given if required. So-called disinfectants to the intestinal canal have proved very disappointing, as indeed was only to be expected from what we know of the strength of disinfectants requisite to produce any definite effect upon micro-organisms outside the body. Far better is it to clear away the fermenting material, and for this purpose washing out the lower bowel is useful in addition to the use of drugs. To relieve griping and pain small doses of opium may be given, but their object is to act as sedatives and not to prevent the purging, an object for which they are too often wrongly used. If anything in the nature of a disinfectant is desired, bismuth nitrate in doses of five to 15 grains every two or three hours is as useful as any.

PERISCOPE OF DERMATOLOGY.

(Continued from page 84.)

Parasitic Diseases.—Sheffield 6 describes an easy and rapid method of curing ringworm. After clipping the hair close to the scalp the following mixture is applied: B. Acidii carbol. olei petroli. aâ 65 parts, tinct. iodi. olei ricini, aâ 110 parts, olei ruci (German) q. s. ad 500 parts. This is applied all over the scalp, more thickly on the affected parts, with a painter’s brush once a day for five successive days. On the sixth day it is wiped off with a rag dipped in plain olive oil; the hair is again clipped and the scalp washed thoroughly with green soap and a soft nail brush, care being taken to remove all the scales and loose hairs. No epilation is, as a rule, necessary. On the seventh day the mixture is reapplied as thickly as before, and the whole process is repeated regularly for three or four successive weeks—the length of time depending on the severity of the case—when it is found that the new hair has begun to grow, and no trichophyton fungi can be discovered in the hair epilated. These procedures are followed by a few days’ application of a 10 per cent. sulphur ointment, and then by the use of the following preparation for about two weeks: B. Resorcin. acid. salicyl. aâ 16 parts; alcoholis, 120 parts; olei ricini, q.s. ad 500 parts. This mixture not only hastens the growth of the hair, but prevents re-infection. Ehrmann 10 recommends the application of remedies to sycois by means of cataphoresis. He employs the following apparatus. The cathode is formed of a glass globe provided with a rubber ring at the periphery to insure close contact, and having at the bottom an amalgamated zinc plate, the balance of the space being filled with cotton impregnated with a 10 per cent. solution of ichthyol. This cathode is applied to the diseased part, and an ordinary anode to the arm. Twelve cases of sycois parasitica, and 37 cases of the coccal variety were treated. Nine daily sittings were required on an average in the former cases to effect a cure, and in the latter the period required for a cure ranged up to 15 months, the average time being about seven weeks; the treatment in many being applied daily, but in some only three times a week. A current of 15 milli-amperes was employed, and each affected part was treated for ten minutes at a time.

Mycosis Fungoides.—Castel Leredde 11 reports a case of a man aged 68 years, who had suffered for five or six years with general pityriasis. A large part of the integument resembled orange peel, and on the thorax there were irregular red swellings. All the lymphatic glands were enlarged. Microscopically the lesions were found to resemble mycosis.

Whitefield 12 describes a case of mycosis fungoides occurring in a man aged 64 years. He had a rash all over him, and several sore places. He had suffered from desquamative dermatitis for four years, and one year before he had noticed a tumour on the side of his right arm. Several other swellings had appeared, which had burst and fungated, leaving ulcers. Portions of the edges of these ulcers were removed and examined bacteriologically and by inoculation on animals, with negative results. The patient died shortly afterwards.

Drug Rashes.—Bandouin and Emery 13 describe a case of bullous erythema over the buttocks and lower extremities, which occurred a few minutes after taking a dose of antipyrin for neuralgia. The patient was a young woman, who had suffered from two similar attacks of bullous erythema, once after eating mackerel, and the other time without any definite cause.

Hallopeau 14 describes the rôle played by toxins in the production of diseases of the skin. He divides them into exogenous, endogenous, and those of mixed origin. Exogenous toxins, or toxexogenes, may be of animal or vegetable origin; the former produce erythema, oedema, vesication, suppuration, and phaeacelus. The polymorphous eruption of scabies is probably due to toxins secreted by the acarus. Rashes due to the ingestion of animal toxigenes are more rarely observed, but urticaria following the eating of mollusks come under this head; injections of blood serum should also be included; the eruptions produced being urtiacaral morbiliform, or scarlatiniform. Vegetable toxigenes may act directly upon the skin after absorption into the blood, producing erythema, urticaaria, vesicles, pustules, bullae, ecchymoses, eschars, &c. They are the result of the action of the toxins on the centres of trophic and vascular innervation. The chief vegetables producing toxins pathogenic to the skin are the trichophyton, and the parasites of actinomyoses, and of Madura foot. Endogenous toxins may be the result of the functions of the body cells, which become hurtful through excessive quantity or alteration in quality, the reabsorption of these products causing auto-intoxications, which react on the skin. Toxins produced by microbes may be considered as of mixed origin, the microbes behaving like the cells of the organism. Skin lesions may remain limited to the immediate neighbourhood of the microbic focus, or may extend centrifugally.

Varics.—Hartzell 15 reports a case of infectious multiple gangrene of the skin which occurred in a woman aged 46 years. There were numerous perfectly round, deeply excavated, and sharply defined ulcers, and innumerable small, circular, dead white scars all over the body. Some of the ulcers looked healthy, while others were covered with greyish or
The disease commenced four years before, when the patient ran a meat-hook under the nail of the third finger of the right hand; a painful spreading ulcer formed in this position, and was followed by others in distant situations; since this time she had never been free from ulcers. The ulcers commenced as pale red papules which, within a few hours, became vesicular, then pustular, and finally a slough formed. The ulcers continued to spread until destroyed by some treatment. On examining portions of the skin and edges of the ulcers, a large number of bacilli were found. If the ulcers were completely excised the wound healed readily, but if any of the base were left, the whole wound became a large gangrenous ulcer. He recommends treatment by hypodermic injections of Condy’s fluid, and frequent bathing of the ulcer with 1 in 1,000 perchloride solution.

Brooke is inclined to believe that zoster is an infectious disease. The following are the chief reasons for this opinion: (1) One attack confers immunity in most cases; (2) the presence of fever, and the similarity of the attack to the other exanthemata; (3) the transmission of the disease from one person to another, and the way in which several members of a family are attacked in rapid succession; (4) the occurrence in epidemics; (5) it is endemic in certain places; (6) the enlargement of the lymphatic glands, either in the neighbourhood of the eruption or on the other side, and sometimes a general aedepathy; and (7) the development of paralysis in conjunction with the eruption, and of pain, &c., in distant parts. He assumes that the infective agent in zoster attacks the sympathetic ganglia. The exact nature of this agent still remains unknown.

Winfield reports the result of the post-mortem examination of a case of congenital ichthyosis, which died shortly after birth. The thyroid gland was absent, and numerous colonies of micrococci were found in the lymph spaces of the skin. He considers that the micrococci were the result of intra-uterine infection.

PROGRESS IN SURGERY.

Surgery of the Liver, Gall-Bladder, and Spleen.

Hepatic Tumours are considered by Terrier and Auvray, who think that the opportunities afforded to the surgeon of intervening in such instances must be regarded as very rare, because in most cases of hepatic tumours the growth is secondary, and an index of generalisation of disease, starting in some organ more or less remote from the liver. In most cases of primary cancer of the liver there is a local multiplicity—the growths being disseminated through the parenchyma of the gland. It is a necessary condition of success for the removal of any hepatic tumour that the growth be a single one, and also that it be situated at a part of the liver that is readily accessible. It would not be justifiable to attack any tumour deeply situated in either of the two large lobes of the liver. A condition favouring extirpation would be the presence of a pedicle. The removal of a tumour presenting these favourable conditions for operative treatment would still be contra-indicated if such tumour has contracted close adhesions with the abdominal wall or the surrounding abdominal viscera. The prospects of success are least favourable in cancer cases on account of the probability of a recurrence. In the liver, however, as in other organs, a centre of infection constituted by a malignant growth ought to be suppressed, and even in cases in which extirpation would be impossible a palliative operation—cholecystostomy, for example—would be indicated, with the object of relieving functional disturbances, and so of prolonging the life of the patient. Keen relates his conclusions as regards the removal of an angioma of the liver by elastic constriction external to the abdominal cavity as follows: (1) Tumours of the liver, and even large portions of the liver, can be removed without undue disturbance of its functions, (2) That the escape of bile into the peritoneal cavity is not usual after such an operation, and even if it occurs fresh bile is not infective, and therefore does not produce peritonitis. (3) The removal of a tumour can be done by ligation, by blunt dissection by the cautery, by the knife or scissors, or by a combination of these methods. If the base is very large or the tumour very vascular, an artificial pedicle can be made by the cautery and an elastic ligature applied. (4) In case a syphilitic tumour is suspected, no operation should be done until after full trial of anti-syphilitic treatment has been made and failed.

Abscess of the Liver should be treated, according to Fontan, by the following method: (1) A very large opening should be made in the region where the presence of pus has been made out. (2) The costal pleura should be sutured to the diaphragmatic pleura in cases in which the chest is opened, and the parietal peritoneum to the hepatic peritoneum when the abdominal cavity alone is involved. (3) Methodical and prudent, though complete, curettage of the wall of the abscess cavity should be done. The author endeavours, when possible, to perform a transpleural operation, and considers that the seat of election should be the axillary line, or a little behind this at the level of the eighth, ninth, or tenth rib, of which a piece from six to eight centimetres in length should be resected. Curettage removes from the cavity the detritus and small masses of dead tissue, and is not likely to cause either hemorrhage or a free discharge of bile, as the blood vessels and biliary ducts of the walls of the sac are closed by thrombosis. The danger of aspirating the liver in such cases for purposes of diagnosis is dwelt on by Hatch, who says it should never be used for such a purpose, and quotes several fatal cases resulting therefrom.

Choleithiasis.—The indications for the various methods of operating are based upon the following principles by Forgue: (1) Cholecystostomy should be performed where the biliary passages, either direct or indirect, obstructed by calculi or not, are the seat of inflammation which produces intense febrile movements, continuous or with exacerbations. (2) Choled-