

The difference, in my mind, is only one of degree; and any attack of cardiac dyspnoea produced by such alterations in the heart and aorta may become Cheyne-Stokes' dyspnoea when any additional strain is put on it, so as to still further enfeeble its action and cause interference with the supply of arterialised blood to the respiratory centre. The affection is, in fact, cardiac dyspnoea plus poisoning, or starvation of the respiratory centre.

That poisoning or interference with the nutrition of the respiratory centre in the medulla is a necessary accompaniment of any alteration in the heart leading to Cheyne-Stokes' respiration, must now be considered proved; and that poisoning of this centre or interference with its blood supply by disease or injury may produce Cheyne-Stokes' respiration *per se* without any heart disease, the observations of von Dutch in 1867 go to prove, as he described cases of this form of respiration occurring in association with apoplexy, meningitis, and uræmic coma; and Broadbent confirms these assertions in 1877 by illustrative cases.

Now, all observers agree that the Cheyne-Stokes' respiration may accompany cerebral disease, as well as coma depending on either uræmia or apoplexy, with or without cardiac engagement.

My experience of the good effects of the inhalation of oxygen in Cheyne-Stokes' respiration has convinced me that it not only keeps the respiratory centre in a condition of stable equilibrium, but it does so by supplying oxygenated blood to the heart itself, and thereby improves the nutrition and muscular contractions of that organ.

The rapid disappearance of the dropsy and dyspnoea in the typical case I have alluded to, as well as others treated similarly, would encourage me to suggest its employment in other cases of degeneration of the heart as a remedy worthy of trial.

ART. III.—*On the Treatment of Chronic Eczema by Creolin.*^a By R. GLASGOW PATTESON, M.B., Univ. Dubl.; Fellow and Member of the Court of Examiners, Royal College of Surgeons in Ireland; Surgeon in charge of Skin Department, St. Vincent's Hospital.

THE value of tarry preparations in many forms of skin disease—especially psoriasis and eczema—has long been recognised. “If I were required to name one remedy only for eczema,” writes Mr.

^a Read before the Section of Medicine of the Royal Academy of Medicine in Ireland, on Friday, May 22, 1891. [For the discussion on this paper see page 79.]

Jonathan Hutchinson, "I would chose tar; if allowed to chose two, tar and lead; and if three, tar, lead, and mercury;" adding his "belief that tar is the specific for all forms of true eczematous inflammation of the skin."^a The form in which he uses it, is the alkaline solution of coal-tar known as "Liquor Carbonis Detergens"—a teaspoonful to a pint of warm water. The cost of this preparation debars its use in out-patient practice, and it was the cheapness of creolin and its excellent antiseptic properties that induced me a year ago to try its effects in the treatment of chronic eczema. A short experience satisfied me that the most useful strength was that of one drachm of creolin to eight ounces of water—roughly speaking, a tea-spoonful to half a pint of water. In this proportion, from which I have never varied, it forms a bland and soothing emulsion, milky in appearance, and with a strong tarry odour, which has a marked effect in allaying irritability and itching, prevents the formation of scabs and crusts, and appears in a striking manner to moderate the pus-producing activity of certain forms of eczema. The mode of applying it which I have found most efficacious is the following, which though applicable in the majority of instances, must yet, like every other remedy, be modified to meet individual cases.

The parts affected, having been freed from crusts or other accumulations, by appropriate means, should be freely bathed in the freshly-prepared emulsion for from ten to fifteen minutes. If the disease is in the acute stage, or if there is much secretion, lint soaked in the liquid may be applied over all parts, and retained in place by suitable dressings. But if the eczema is of the squamous type, treatment in the intervals is best carried out by means of ointments—that which has yielded in my hands the best results being one composed of zinc oxide, white precipitate, and the glycerine of the subacetate of lead. Under this treatment recent cases recover with astonishing rapidity, and even cases of long standing soon show signs of improvement which, in the majority of instances, goes on to complete and permanent recovery. In only a few instances has it failed to do more than alleviate the condition.

CASE I.—The first case in which I put the remedy to the test was that of a boy, aged nine, who had suffered for eight years from pustular eczema of the scalp. The whole surface was of a bright red colour, in parts covered with yellow crusts, in parts sodden and infiltrated with a semi-purulent

^a Archives of Surgery. Vol. I. No. 2. Oct., 1889.

fluid, which exuded freely on pressure. The crusts were removed, and soothing lotions applied until the acuteness of the outbreak had subsided, but as soon as a quiescent stage was reached the creolin treatment was begun with striking benefit. Patches of healthy skin immediately became apparent, and in a short time covered with hair, where seemingly beforehand not a trace of the hair follicles could be expected to remain. With occasional relapses the treatment was persisted in for nearly six months, when the hair was growing freely over all the head, except on the forehead in one or two small patches; the scalp was normal in colour and in firmness, and the tendency to pus formation had apparently ceased. The boy was practically well, and as he has not returned for a period of over two months for treatment, we may assume that the improvement continues, though of course in an affection like eczema it is still too soon to speak of a permanent cure.

CASE II.—The second case was that of a boy aged five, who had been the victim of a similar affection for three years, the pustular crusts completely surrounding the ears on either side. A similar line of treatment, combined with the ointment referred to above, effected a speedy and complete recovery without a solitary relapse, and now four months afterwards there is no recurrence.

I, have since tried the remedy in cases of scaly eczema and psoriasis with marked relief to the irritability and itching, but it is still too soon to form any judgment as to its curative powers. But in the infective pustular eczema it is an agent that effectually controls the process, and well deserves a trial on a larger scale. If we accept Unna's definition of eczema as "a chronic parasitic catarrh of the skin, with desquamation, itching, and the disposition to respond to irritation by exudation and well-marked inflammation,"^a then we have a rational basis on which to ground our treatment by such an active germicide as creolin.

ART. IV.—*Suggestive Therapeutics.* By GEORGE FOY, F.R.C.S.I.; Surgeon, Whitworth Hospital, Drumcondra.

ONCE more an old friend, Mesmerism, claims a hearing, and, as is his wont, he assumes an *alias*. Scouted as Mesmerism, he appeals to the emotional as Braidism, finds no favour, crosses the Atlantic, returning as Electro-biology, and for a time lives a sort of Jeremy Diddler life, assuming airs of prosperity even on the verge of failure. Clad in Greek raiment, and with a certain air of mystery

^a Brit. Journ. of Dermatology. Vol. II. No. 8. Aug., 1890. P. 243.