

teacher. His facile manner in demonstrating a case, and of endowing it with interest, by drawing upon his illimitable stores of clinical knowledge, are striking features of his wonderful capacity in this respect. Presumably it is not known yet to the profession in London that these demonstrations are perfectly free, that Mr. Hutchinson welcomes all practitioners who may wish to come, and that the meetings take place on Tuesdays until further notice, otherwise it could not fail to be the case that the rooms would soon be overcrowded.

Among the cases which came under notice on the 27th ult. was one of prurigo. The patient was an elderly man of 63. His whole skin was in a pruriginous condition, with scars in many places, and the case was described by Mr. Hutchinson as a typical one of prurigo. The man was evidently a "good scratcher." On inquiry the patient stated that the disease first troubled him when he was thirty years of age, and since then he had never been free from it. The irritation was always worse when he was warm in bed at nights, and was infrequently kept awake for three or four hours at a time scratching himself. The question of the duration of the disease was one of some importance. Mr. Hutchinson did not agree with Hebra's views on the matter, namely, that prurigo always began soon after birth and continued to the end of life. He (Mr. Hutchinson) had never met with a case of the kind, neither in private nor hospital practice. He had sought for cases diligently but without result, and even in the hospitals in Vienna he could not find a patient whose history supported Hebra's description in this respect. The probability was, however, that the disease never began quite without some exciting cause. Among such causes might be enumerated, attacks of scabies, jaundice, or the presence of lice in persons whose skins were naturally irritable. As the result of one or other of these abnormal conditions, scratching would follow, and then from this beginning the disease would continue and increase. There was one symptom, however, described by Hebra, which was very constant in prurigo, and that was enlargement of the glands in the lower part of Scarpa's triangle. The characteristic features of these enlarged glands were that the latter were quite indolent, showed no tendency to increase, and no inclination to soften and break down. But experience proved, according to Mr. Hutchinson, that when enlargement of the glands was present an unfavorable prognosis of the case could only be given. [In the patient under notice this symptom was marked.] It was a fact that many things increased the itching in these cases, and notably bile in the blood, and where diabetes was present. With respect to treatment, local remedies were only of use. Arsenic was powerless to effect any good. Strong

solutions of tar, that is to say, the liquor carbonis detergens without any dilution, will be found to be of most value. Strict instructions, also, should be given as to diet. All fish should be forbidden, and anything which was found to cause irritation of the skin avoided. On the other hand, among other things, plenty of green vegetable could be allowed. The patient, in this case, whose occupation was that of a wood sawyer, denied ever having been troubled with pediculi, but admitted having had several attacks of gout, a fact which would tend, Mr. Hutchinson said, to increase the irritation.

The next case was one of varices of the legs. This patient was an old man of 75, both of whose legs showed a good deal of staining, with chronic œdema, and a number of small varices. The integument also was at one or two spots just beginning to ulcerate. In answer to the question whether he was accustomed to stand for many hours in the day, the man replied in the negative, his occupation being that of a clerk, during which he sat at a desk. This patient also admitted a gouty history, and Mr. Hutchinson remarked that it was the part of all gouty inflammations to be attended with vascular enlargement. The most marked features of gouty inflammation of the skin were duskiness of hue, œdema, and venous turgescence. There were, however, many worse things than gout. Gout often was found associated with longevity. The teeth of gouty people were generally, also, very good, while the nails were sound and strong.

The next case was an interesting one of perforation of the nasal septum. The patient was a young man of about 27, with a clear, ruddy complexion, in whom there was a perforation of the nasal septum, together with some necrosis of the alveolus above the canine tooth on the left side. It used formerly to be supposed that a perforated septum was always an indication of syphilis, but such a view was entirely erroneous, and in proof the patient under notice was a very interesting example. Some years ago, both Sir James Pnget and Mr. Hutchinson pointed out in papers contributed to the medical journals that perforation of the septum occurred in tuberculous patients whose history was absolutely negative in respect to any syphilitic infection. The perforation in the present case was such that Mr. Hutchinson was able to pass a bent probe through one nostril and cause it to project through the other. The patient denied having had syphilis, and there were undoubted signs of his having suffered from tuberculous lesions. In the first place, there was a puckered scar on the cheek, just below the inferior and outer margin of the orbit, the result, in all probability, of a tuberculous periostitis with caries of the bone, followed by adhesion of the skin. Again, the little finger of the right hand was