

nothing ~~else~~ has availed, just as it does when it fastens on a sluggish ulcer. I have never seen this myself, and, indeed, we have never had any erysipelas since the hospital was opened; but a girl, suffering from intractable lupus, which had extensively ulcerated the lips and cheek at the left side of the face, was sent for change of air to the convalescent home, and while there was attacked with erysipelas. Some weeks after this I had an opportunity of examining her, and found that a great improvement had certainly taken place; the ulceration on the oral surface of the lips was nearly healed, and a great deal of the adjacent skin was beginning to show the bleached, scarred surface seen after lupus has been cured. Looking to such facts, the question naturally arises as to whether it would be legitimate practice to place a lupus patient in a ward where erysipelas had broken out, and thus invite an attack of this disease; for my part, if suffering from such a loathsome, disfiguring complaint as lupus, I should certainly ask that this might be done for me. Anyhow, the suggestion, if acted upon, would open up a wide field for experiment, and in due time a vivid description might appear of the struggle for mastery between the bacillus of lupus and the micro-organisms of erysipelas—a conflict even more desperate than that of the microbe and phagocyte, of which we had such interesting narratives, peculiarly redolent of imagination, coolly avowed, indeed, to have been engendered by it, and lamentably wanting in evidence.

It is now so much the fashion in speaking of lupus, and, indeed, of many other maladies, simply to bring forward a case in which some new remedy is effecting a cure or materially relieving the symptoms, and there to leave the subject, that I feel doubtful whether the reader will care to go into the question of what are the chances of cure under the system recommended. The possibility of comparing these with the success affected by other methods is negatived by the scantiness of authentic records on this head—at least I have found little in the shape of an endeavor to grapple with the problem. Lugol's cases were too few to admit of any inference being drawn from them. Dr. Piffard's experience affords us some most valuable information. In 1887 he published an account of twenty-five cases, sixteen of which were successes. Out of eight of these, treated by excision only, six were successful, two failures; while of five treated by excision or scraping, both followed by the actual cautery—the method which he prefers—all were successful. Again, in 1879, he communicated the particulars of nine more cases. One, treated by excision only, was a cure; of the remaining eight, six were successful, one a case of improvement, one was a failure. Quite recently, Mr. Harrison of Clifton, in a paper read before the British Medical Association, gave the particulars

of ten cases treated locally with hyposulphite of soda solution, forty grains to the ounce, followed by dilute muriatic acid, five minims to the ounce, with the object of setting free "nascent sulphur and sulphurous acid deep down in the skin structures." Of these ten, one seems to have been absolutely cured, one nearly so.

Such are the few facts which I have been able to glean. On the information conveyed by textbooks on diseases of the skin I do not propose to touch. It is generally restricted to the recommendation of the stereotyped remedies, from which we cannot always gather whether any of them, or any combination of them, has ever been successful; what the relation is of cures to failures in the hands of the various authors; to what particular forms and stages of the disease the different remedies are applicable; and, lastly, whether, when all the steps required by an author as necessary for success have been taken, we can rely on curing any individual case of lupus by the most persevering use of them. I presume a certain value attaches to this mode of writing, because the system is so persistently maintained, but I have not myself been able to discover it. As to my own success or insuccess I have no statistics to offer, having so often found it impossible to trace the cases to the end. I can, therefore, only say that the treatment recommended has answered infinitely better in my hands than tonics and caustics ever did, and that by means of it the majority of those patients, who give treatment a fair trial, are either relieved or cured, equally whether suffering from the affection on the head, face, or limbs; lupus of the hand presenting, perhaps, the greatest difficulties of all, and twice in my experience defying treatment so long that the patients left off attending—one only partially, the other scarcely at all relieved. Multiple lupus, too, affecting the limbs, hands, and feet, I have sometimes found refractory to it in the case of out-patients, and only to be satisfactorily treated in the wards. I may here add one thing which has surprised me very much, and that is the slight amount of deformity often left after a lupoid patch, treated in this way, had healed up, the cicatrix becoming peculiarly vascular in some cases.

But only too often treatment never has a fair trial; there are always plenty of people who never have observed, and never mean to observe, the measures necessary for cure. Foremost among these are the incurably perverse patients, who contrive to misunderstand every direction given them, and who, whether they deceive themselves or not, seem always bent on deceiving the medical attendant; affirming that they have sedulously followed up treatment when it is clear that they have done nothing of the kind, and justifying themselves with such pertinacity that I have often thought such people must labor under some affection of