

Medical Matters.

ARSENICAL PIGMENTATION OF THE SKIN.



THE effects produced by arsenic upon the skin have been pointed out by various writers. Important cases, in which the skin of patients taking the drug became so pigmented as to give rise to a suspicion that they were suffering from Addison's disease, are now reported. In the first case, the patient, a man aged 47, was treated for eczema with 16 drops of Fowler's solution, daily, from October 19th, 1897, to January, 1898. It was not till then, apparently, that symptoms due to arsenic appeared, in the form of depression, with sensation of pricking and congestion of the conjunctivæ. Continuing the arsenic until March, it produced such a dense pigmentation that, notwithstanding the conjunctivitis, lacrymation and dryness of throat, the case was diagnosed as one of Addison's disease. The condition of the tongue is not reported. Later on, owing to the absence of asthenia and other serious symptoms of Addison's disease, the arsenic was suspected, and discontinued, with the result that, in three weeks, the colour began to fade. The next patient was a delicate, nervous woman, of about 50 years of age; a third was a strong athlete of 22. The woman complained of a rash and great pain in her side, which, on examination, proved to be a most violent attack of herpes zoster. Some of the vesicles were of unusually large size, but they varied from the size of a small shot to that of an orange. The cause of this attack of herpes was easily to be seen. The patient had been treated for psoriasis, and arsenic had been prescribed. She had dryness of throat, a very white tongue, abdominal pains, watery eyes, swollen eyelids, and deep pigmentation of skin, especially at the site of the cured skin lesions, around, and particularly under, the eyes. The arsenic was discontinued, and tonics, sedatives, and malt extract were given, while cocain and morphia were applied externally. It was many months, however, before she lost her post-herpetic neuralgia and regained her normal power of digestion.

The second case, that of the young athlete, was one in which a scaly secondary syphilitic eruption had been treated with arsenic as simple psoriasis, at one of our general hospitals. He had all the common symptoms due to excess

of the drug, and, what was instructive, it seemed to have been powerless to check the syphilis.

SLEEPLESSNESS.

SOME valuable Lectures on this subject which were recently delivered contained much interesting information. What is sleeplessness to one person may not be so to another. The average sleeping time of an adult is six to eight hours, but the amount of sleep required varies with the individual, and also varies with age. Considering these variations, insomnia may perhaps be best defined as a loss of the normal amount of sleep. This loss may occur at the beginning or towards the end of the period of sleep, or it may occur through constant awakenings. Thus some people go to sleep directly after getting into bed, but awake every hour for several hours, sleeping well during the rest of the night. Others, specially the gouty, awake punctually at three or four, and are unable to sleep again, or, at any rate, until it is time to get up. The causes of insomnia are classed under four heads—(1) Irritative, (2) Toxic, (3) Psychological, and (4) those arising from some change in the mode of life. 1. This class includes all forms of sleeplessness, insomnia caused by pain, and milder irritations like uneasiness. In all diseases accompanied by pain, sleeplessness is a symptom; and although other etiological factors of insomnia may be present, it is the pain which necessitates treatment. 2. A large number of diseases are due to, or are accompanied by, the presence of some toxic agent in the blood, and such diseases are often attended by troublesome insomnia. Alcoholism and nicotism, fevers, erysipelas, diphtheria, pneumonia, hepatic disorders, dyspepsia, and other gastric and intestinal disorders, rheumatism, gout, and Bright's disease, are some of the conditions which may be mentioned under this head. 3. Grief, shock, worry, and mental anxiety are among the most frequent causes of insomnia. In many persons a predisposing factor—a nervous temperament—also exists, and among such persons insomnia may easily be established as a habit. 4. Eating late dinners by those unaccustomed to them, and change of climate, especially to high altitudes, or in some individuals even to the seaside, sometimes give rise to temporary insomnia. Nurses who have been on night duty, after changing to day work, frequently suffer from sleeplessness.

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