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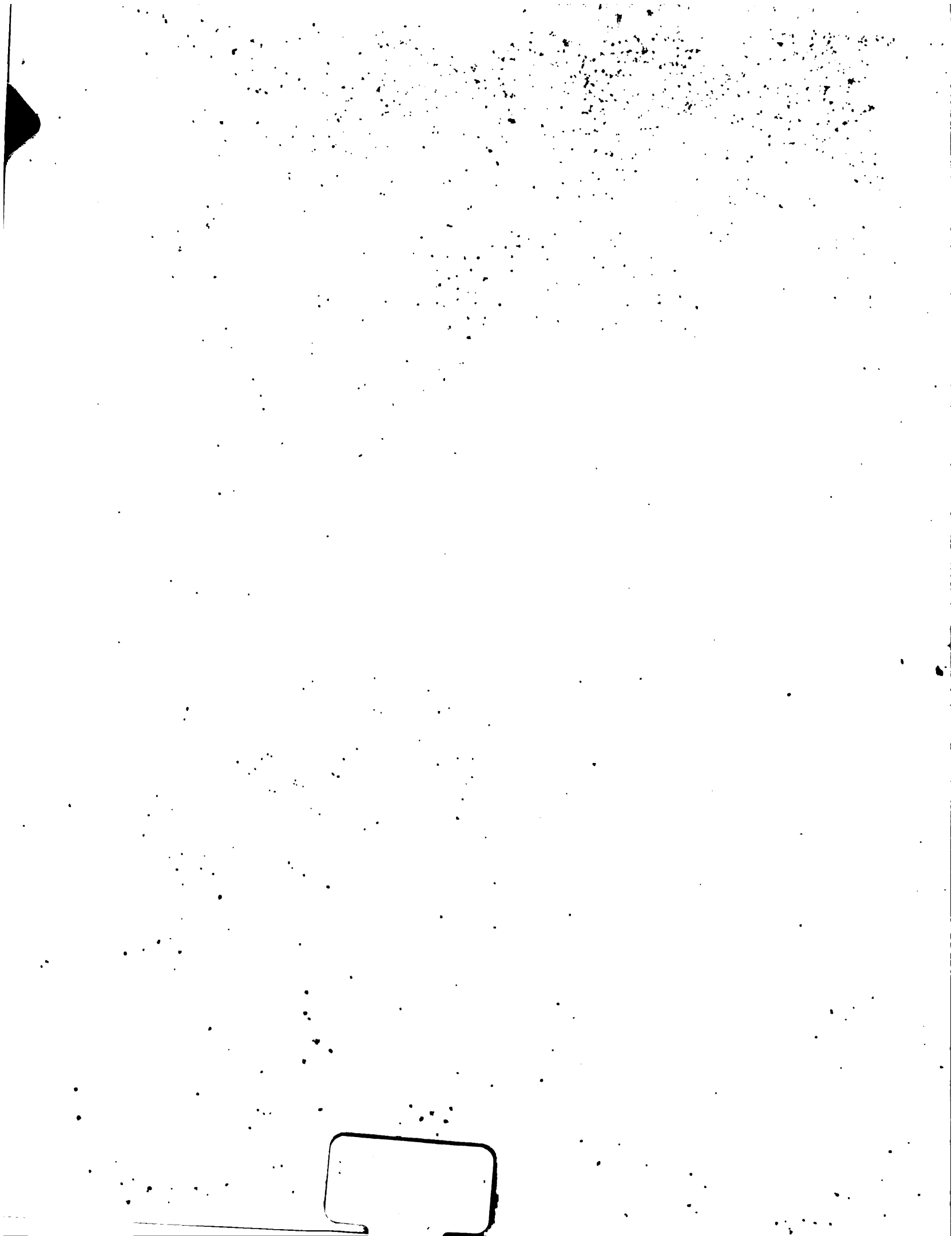
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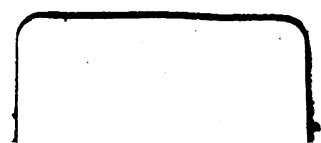
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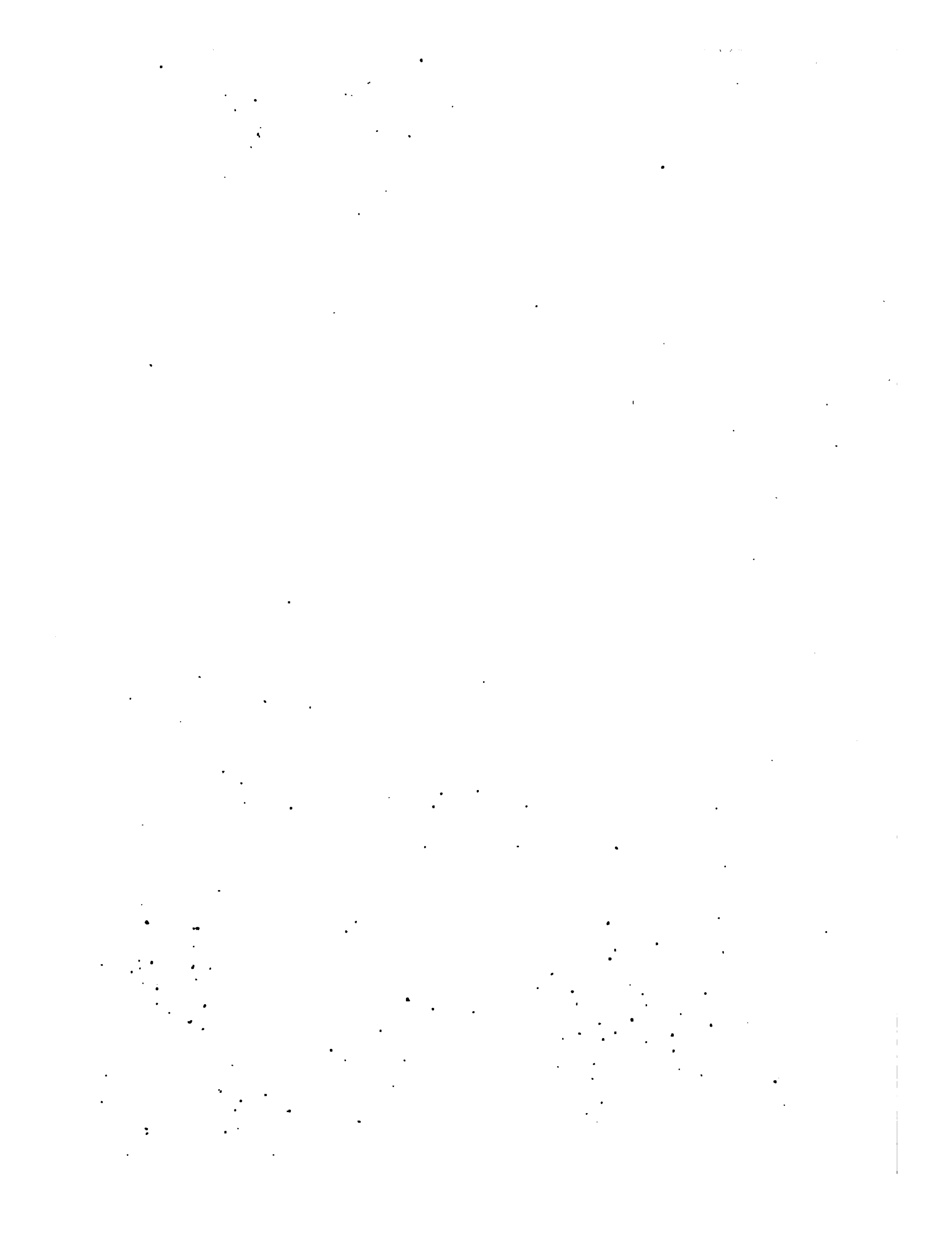
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115.

DESCRIPTIVE CATALOGUE
OF THE
DERMATOLOGICAL SPECIMENS
CONTAINED IN
THE MUSEUM
OF
THE ROYAL COLLEGE OF SURGEONS
OF ENGLAND.

BY

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PROFESSOR OF DERMATOLOGY IN THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

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1870.

INTRODUCTION.

THE DERMATOLOGICAL COLLECTION in the Museum of the Royal College of Surgeons of England consists of models, casts in wax and plaster, drawings, photographs, engravings, and preparations.

The order which is adopted for their arrangement is partly pathological and partly physiological. Under the first of these heads have been grouped:—diseases of common inflammation, of blood-poisons, and of constitutional tendency or diathesis; and, under the last, diseases affecting the functions of nutrition, of innervation, and of pigmentation, together with diseases of the epithelium, of the hair, and of the cutaneous glandular system.

I. The diseases comprehended under the head of *common inflammation* constitute the first five groups of the series; for example:—1, eczematous; 2, erythematous; 3, phlyctenous; 4, furunculous; and 5, traumatic.

II. The diseases occasioned by *blood-poisons* are included in the next three groups, namely:—6, exanthematous; 7, syphilous; and 8, elephantous.

III. The diseases of *diathesis* also occupy three groups:—9, leprous; 10, strumous; and 11, carcinomatous.

IV. Diseases of *function* comprise another three groups, namely:—12, nutritive; 13, neurotic; and 14, chromatopathic.

V. The *epithelium* and the *hair* contribute the succeeding three groups:—15, epidermic; 16, onychopathic; and 17, trichopathic.

VI. While the diseases of the *glandular apparatus* of the skin, the sebiparous glands and the sudoriparous glands, constitute the two remaining groups:—18, steatopathic; and 19, idrotopathic.

The arrangement therefore comprises *six classes* of diseases, which are divided into *nineteen groups*, as follows:—

GROUP I., ECZEMATOUS AFFECTIONS, includes eczema, scabies, lichen, and impetigo.

GROUP II., ERYTHEMATOUS AFFECTIONS, is constituted by erythema, erysipelas, and urticaria.

GROUP III., PHLYCTENOUS AFFECTIONS, is composed of pemphigus and herpes.

GROUP IV., FURUNCULOUS AFFECTIONS, comprehends ecthyma, furunculus, and anthrax.

GROUP V., TRAUMATIC AFFECTIONS, is illustrated by arsenical ulcer, by inflammation of the lymphatic vessels and adenosis from local irritation, and by specimens of the toxic aniline fabric.

GROUP VI., EXANTHEMATOUS AFFECTIONS, is occupied by rubeola, scarlatina, and variola.

GROUP VII., SYPHILOUS AFFECTIONS, comprehends every variety of dermatosyphilis or syphilis of the skin, beginning with the erythematous forms, and thence passing on to the prominent forms, papule and tubercle; next to the pustular and ulcerative forms; and then to the syphilitic disorganizations of tissue as represented by syphiloma. In this group will also be found syphilis of the hair, of the tongue, and of the uterus.

GROUP VIII., ELEPHANTOUS AFFECTIONS, is confined to the one disease to which the term "elephantiasis" was given by the Fathers of Medicine, the elephantiasis Græcorum, or great leprosy.

GROUP IX., LEPROUS AFFECTIONS, assembles together examples of the lepra Græcorum, or lepra vulgaris.

GROUP X., STRUMOUS AFFECTIONS, or dermato-struma, contains the strumous and scrofulous affections of the skin, the chief of these being lupus.

GROUP XI., CARCINOMATOUS AFFECTIONS, is devoted to examples of cancer of the skin, and contains illustrations of epithelioma.

GROUP XII., NUTRITIVE AFFECTIONS. In this group will be found examples of hypertrophy, dystrophy, and atrophy, ichthyosis, sauriosis, thelomatous growths, angiomatous growths, fibromatous growths, fibrous degenerations, fatty degenerations, adenomatous growths, and xanthomatous growths.

GROUP XIII., NEUROTIC AFFECTIONS, is intended to illustrate pruritus and prurigo.

GROUP XIV., CHROMATOPATHIC AFFECTIONS, contains examples of pigmentary derangements of the skin as shown by lentigo, melasma, and leucasmus.

GROUP XV., EPIDERMIC AFFECTIONS, assembles together the diseases of phytosis, the phytiform degenerations of the epidermis, which include—tinea tonsurans or common ringworm, favus, and phytosis versicolor.

GROUP XVI., ONYCHOPATHIC AFFECTIONS, contains examples of malformation and disordered nutrition and growth of the nails.

GROUP XVII., TRICHOPATHIC AFFECTIONS, is devoted to diseases of the hair and hair-follicles, the latter comprehending follicular tumour, follicular horn, acne, gutta rosea, and sycosis.

GROUP XVIII., STEATOPATHIC AFFECTIONS, includes steatorrhœa, chromosteatoes, and molluscum.

GROUP XIX., IDROTOPATHIC AFFECTIONS, comprehends affections of the perspiratory system.

This Collection was formed by the Author of the Catalogue as a nucleus for future development, and was presented to the College of Surgeons for the purpose of illustrating the Pathology of the Skin and of contributing a stimulus to the further investigation of the morbid history and phenomena of that important organ. The Council of the College have thought the Collection not unworthy of a place in the

Hunterian Museum, and have given it a position admirably adapted for its exhibition and one of free access to every member of the Profession.

The Collection was opened for the use of the student in the autumn of 1869. The models, which are remarkable for their excellence and for their exact realization of nature, are the work of M. Baretta, the artist-modeller of the Saint Louis Hospital in Paris ; and the greater part of the water-colour drawings are studies from life by the late Mr. William Bagg.

October 1870.

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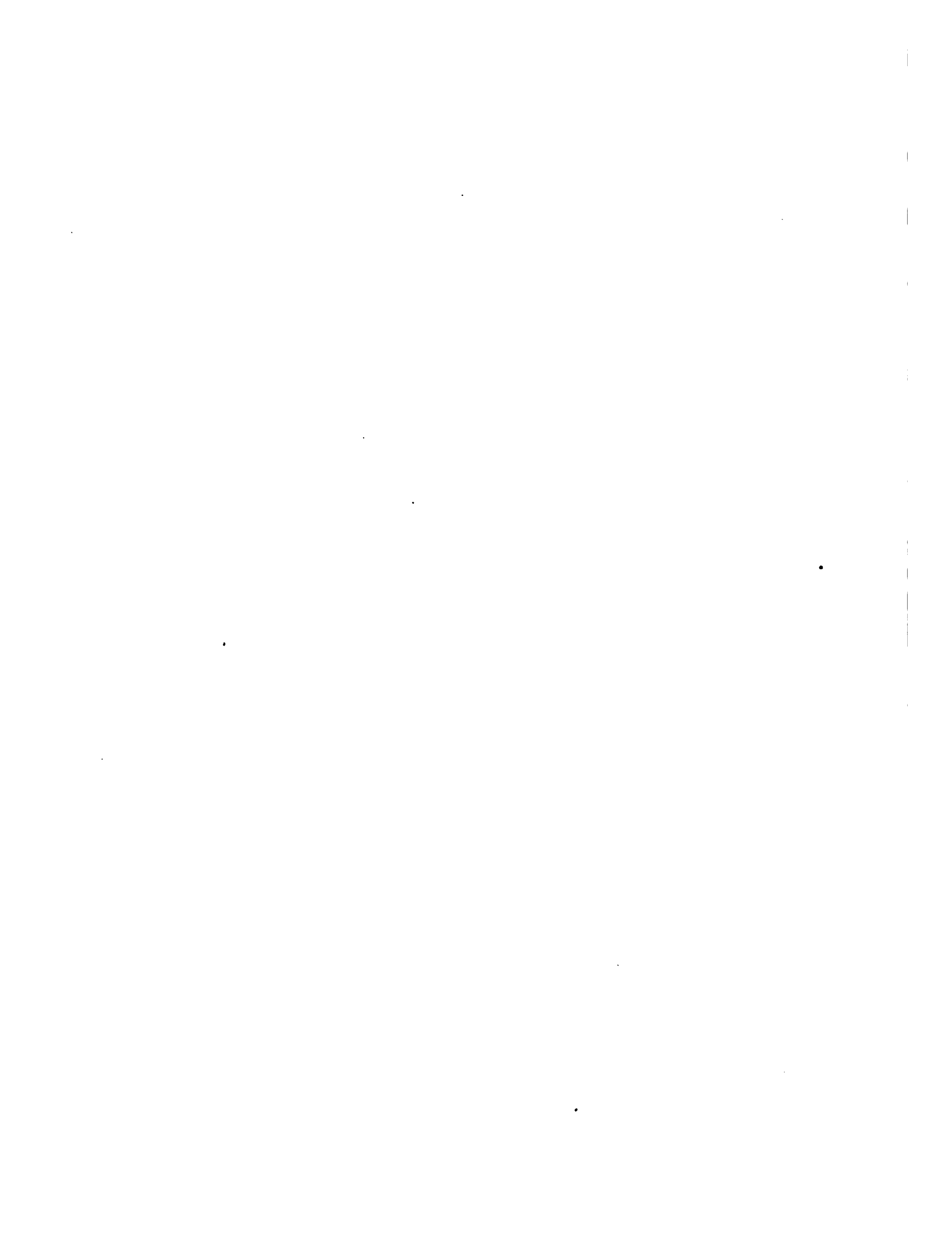
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DESCRIPTIVE CATALOGUE
OF THE
DERMATOLOGICAL SPECIMENS.

GROUP I. ECZEMATOUS AFFECTIONS.

- No.
1. ECZEMA POLYMORPHICUM. Common eczema (*eczema vulgare*); eczema presenting a plurality of lesions, therefore polymorphic or multiform; the forms represented being ichorous, crustaceous, and papulous. Model of the thigh and leg. *Baretta.*
 2. Water-colour study of *eczema polymorphicum*; the eruption is seated on the forearm, and exhibits the ichorous, crustaceous, pustulous, and vesiculous lesions. *Bagg.*
 3. Coloured lithograph from the same patient as No. 2. One of the series of "Portraits of Diseases of the Skin."
 4. ECZEMA ERYTHEMATOSUM, *var.* ORBICULATUM. Model of the right side of the chest and shoulder; the eruption is dimorphic, presenting a duality of lesions, namely, an aggregation of small orbicular patches, together with a state of desquamation. *Baretta.*
 5. ECZEMA ERYTHEMATOSUM, *var.* CIRCINATUM. Model of the thigh; the eruption consists of small rings, aggregated and scattered, with areæ of the normal colour of the integument, and is termed by Hardy "eczema sec fendillé, forme arrondie." *Baretta.*

6. ECZEMA ERYTHEMATOSUM, *var.* EXFOLIATIVUM (dermatitis exfoliativa; pityriasis rubra of Devergie). Model of the forearm and hand, front and back; the skin is intensely red, the epidermis thin and transparent, and the surface flecked by a few scattered desquamating exuviæ, oblong and narrow in figure. Lailier terms the affection "eczema rubrum acutum."
Baretta.
7. Epidermic exuviæ collected from a patient suffering under *eczema exfoliativum*. The laminæ resemble the bracts of hops.
8. Epidermic exuviæ from another patient suffering under the same affection, collected during the early period of his illness.
9. Epidermic exuviæ collected at a later period, when they were smaller in size.
10. ECZEMA PAPULOSUM, *var.* CONFERTUM. Plaster cast of a portion of the back, showing the close aggregation of the papulæ; the eruption was general; but on other parts of the body there existed copious exudation.
11. Cast from the loins of the same patient.
12. Cast from the region of the flank of the same patient. In both the latter casts the papulæ are somewhat larger, more variable in size, less aggregated, and manifest a tendency to congregate in clusters.
13. ECZEMA PAPULOSUM, *var.* CONFLUENS. Plaster cast of part of the forearm of a female patient, aged 34: the patch of eruption is swollen from œdema, and its periphery studded with papulæ of different size, some dispersed, and some aggregated into small clusters.
14. Wax cast of a portion of the forearm of a man, aged 35. The patch of eruption, originally papulous and ichorous, has passed into the encrusted stage. Along its border may be seen numerous scattered papulæ, and in front of the chief patch are two small circumscribed patches, orbicular in shape, and measuring, one, a quarter of an inch, the other an inch in diameter.
15. Plaster cast of the same arm.

16. Wax cast of part of the shin of a man of middle age, showing a circumscribed patch of *eczema papulosum confluens* coated over with a thin yellowish-grey crust, and bounded at the margin by a suffused blush of redness.
17. Plaster cast of the back of the left hand of an adult male. The eruption, *eczema papulosum confluens*, is concentrated over the first and last metacarpal spaces, the intermediate skin and the wrist being dotted with isolated papulæ.
18. Plaster cast of the back of the right hand of the same patient; the eruption is more extensive and diffused, and there is evidence of considerable thickening of the skin, more especially over the metacarpo-phalangeal articulations of the ring and little finger.
19. Coloured lithograph of the right hand of the patient from whom the above casts were taken. Nos. 14-24 inclusive are all examples of the *lichen agrius* of Willan. One of the series of "Portraits of Diseases of the Skin."
20. ECZEMA PAPULOSUM, *var* CORYMBOSUM. Wax cast of part of the forearm of a woman, aged 34: the eruption consists of a number of elevated patches, each composed of an aggregation of papulæ united by an erythematous base, and ranging in size between a quarter of an inch and two inches.
21. Study of colour, figure, and composition as exhibited by the preceding case; water-colour drawing. *Bagg.*
22. Wax cast of the radial side of the wrist of a young man, aged 19, presenting two patches of *eczema papulosum circumscriptum*, one orbicular, the other irregular in outline.
23. Plaster cast of the back of the left hand, its radial side; a circumscribed, prominent, orbiculate patch of *eczema papulosum circumscriptum* is seen over the first metacarpal bone. The patch measures three quarters of an inch in diameter, the border is raised and lobulated, the area slightly

depressed and papulated, and the epidermis unbroken, for as yet no exudation has taken place.

24. Plaster cast of the radial side of the back of the left hand. A circular patch of *eczema papulosum circumscriptum*, measuring an inch and a quarter in diameter, occupies the first metacarpal space. The cast is slurred from the presence of exudation.
25. ECZEMA VESICULOSUM. Plaster cast of the back of the left hand of the patient from whom the drawing and lithograph Nos. 2, 3 were taken. The puffy œdema of the integument is well shown, as also are the minute vesicles of eczema. The cast is slurred from the presence of a moist ichorous exudation.
26. Plaster cast from the opposite hand of the same patient.
27. ECZEMA ICHOROSUM. Wax cast of the bend of the elbow of a woman, aged 54, showing *eczema ichorosum* in its healing stage. The morbid surface is red and glossy, the cuticle thin, and the derma marked by deep grooves and prominent wrinkles, which indicate thickening of the skin from infiltration and congestion. A small cluster of red papulæ near the upper part of the cast denotes the papulous lesion of eczema.
28. Plaster cast of the same case.
29. Drawing of the head of a young woman, aged 27, exhibiting a well-marked example of eczema in its exuding and encrusted forms, *eczema ichorosum et scabidum*. The accumulation of the hair into conical bundles is a characteristic phenomenon of *eczema ichorosum*. Bagg.
30. Coloured lithograph of the same patient. One of the series of "Portraits of Diseases of the Skin."
31. ECZEMA SQUAMOSUM. Model of the outer aspect of the left leg, from the knee to the ankle, presenting two large circumscribed but irregular blotches of redness surmounted by a fine furfuraceous desquamation. The blotches are dry, the skin composing them slightly prominent from

induration of tissue, while a narrow margin which bounds their circumference is smooth and ruddier than the area. This form of disease is named by Bazin "psoriasis pityriasiforme." *Baretta.*

32. Model of the leg from the middle of the thigh to the ankle. On the thigh and knee is a broad patch of dry eczema (*eczema squamosum*) of a dull-red colour, fading at the circumference into the tint of the surrounding skin, and dappled over with irregular white patches of desquamating cuticle. Below the knee and on the calf of the leg are several circular blotches of recent origin, measuring one-half and three-quarters of an inch in diameter. These circular blotches are covered by a thin stratum of cuticle in process of desquamation. The morbid skin on the thigh is coarse, thick, and wrinkled—an evidence of the chronic nature of the disease, and warranting the term "psoriasis" bestowed on it by Bazin, under whose observation the patient was treated. The rest of the thigh and leg is dotted over with small conical pimples, occupying the mouth of the follicles, and each perforated by a hair—the *lichen pilaris* of Willan. The model is by Baretta, and the attention of the student is drawn to the artistic manner in which the papulæ transfixed by hairs are represented. *Baretta.*

33. Model of the thigh and leg; a broad patch of *eczema squamosum* occupies the whole surface of the thigh above, and diminishing in breadth as it descends, terminates just above the patella. On the knee are numerous scattered rings, and below the knee an irregular blotch 4 inches in length by $2\frac{1}{2}$ inches in breadth, composed of an aggregation of circular spots, each having a diameter of about an inch. The blotch on the thigh presents the usual characters of chronicity, and bears evidence of thickening and induration; it has a purplish hue, obviously dependent on torpor of circulation, but is brighter in redness near its border, and particularly below, where may be seen a number of circular spots resembling those of Nos. 4, 5. The whole surface is roughened by white froth-like flakes of desquamating epidermis, which have for the most part a wave-like figure, and below are circular, and embrace an

area of a brighter red than the rest of the surface. On the knee the eruption is dispersed in small annuli, some oval or oblong, and some circular in figure, the annulus presenting a brighter red than the denuded area, and being bounded by a narrow frill of detached cuticle. The circular patches composing the blotch below the knee are remarkable for the brightness of colour of their annulate border, as compared with the included area. The eruption in this case is remarkable for its abruptly circumscribed boundary, while in No. 32 the boundary blends with the circumference. *Baretta.*

34. Plaster cast of the shin of a female patient, exhibiting a large patch of *eczema squamosum* abruptly bounded at the circumference; within the area of the patch are numerous isolated papulæ scattered over its surface.
35. Plaster cast of the lower part of the leg of an elderly man, showing an indurated and coriaceous form of *eczema squamosum*. There are two main patches of eruption which almost meet by their border, and between and around them are numerous large papulæ. The integument below the malleolus is puffed and œdematous.
36. Water-colour drawing representing the appearance of *eczema squamosum* on the back of the left hand. The skin of the thumb and wrist is thickened, rough, and fissured, and a similar state of thickening and fission is seen on the knuckles. *Bagg.*
37. Plaster cast of the same hand.
38. Plaster cast of the right hand of the same patient; the skin is more rugged and fissured than that of the left.
39. Drawing of *eczema squamosum palmare* in the state which has received the name of *psoriasis palmaris*. The deep cracks or rhagades, termed *eczema fissum*, are well shown, as are the polygonal plates and ragged borders of exfoliating epidermis and the circular indentations of white opaque cuticle caused by small orbicular hyperæmiæ of the derma and

consequent defective cell-nutrition. Upon the wrist is seen a circular patch of the eruption, which contrasts strongly with the state of disease in the palm of the hand, where the derma is more dense and the cuticle thicker; and a similar contrast is suggested by the simple exfoliation visible on the ball of the thumb. The rhagades are confined to the lines of motion. *Bagg.*

40. Coloured lithograph of the same hand. One of the series of "Portraits of Diseases of the Skin."
41. Plaster cast of the hand of the same patient.
42. ECZEMA HYPERTROPHICUM (epidermidis). Model of the palmar surface of the hand, showing *eczema* with hypertrophy of epidermis and fission of the true skin, or *eczema fissum*. The parts principally affected are the palm, with its thenar and hypothenar prominences. The cuticle is thick, rough, discoloured, and split into deep fissures at several points, namely, in the hollow of the palm, on the metacarpo-phalangeal joint of the thumb, and upon the ulnar border of the hand. The patient was a woman, aged 49, and under the care of Lailler, who terms the disease "eczema lichenoides;" it had existed for eighteen months. *Baretta.*
43. Model of the sole of the foot of the same patient; the epidermis of the heel is greatly thickened, and split vertically into polyhedral masses. The disease is coarser in its features on the foot than on the hand, but is otherwise identical in its nature. In the hollow of the foot are four excoriated patches produced by scratching, an indication of the pruritic character of the affection. *Baretta.*
44. Model of the leg showing erythematous eczema above and below the knee, and squamous eczema with hypertrophy of the epidermis and deep fissures, of the sole of the foot (*eczema hypertrophicum epidermidis et eczema fissum*). The erythematous patches above and below the knee are circular and circumscribed, those below the knee being bounded by a well-defined and undulated red border. The most important feature of the disease is the state of the sole of the foot; the eczematous blotch

of considerable extent bounded by an inflamed border, the deep fissures exposing a raw base, the squamous condition of part of the surface, and the epidermic hypertrophy of the rest. The thickness and ruggedness of the fissured epidermis are very characteristic, while on the side of the foot is a small circumscribed patch of exuding eczema. The patient was under the care of Hardy, who terms the affection "eczema ancien."

Baretta.

45. Portions of epidermis removed from the heel in a similar case, showing the fibrous character of the horny mass and the vertical direction of the fibres.
46. ECZEMA HYPERTROPHICUM (*papillomatosum*). Model of the foot and ankle of a man twenty-eight years of age, showing a papillomatous growth, the sequela of eczema. The hypertrophous formation extends from the heel across the external ankle and dorsum of the foot to the toes. The skin immediately bounding the granulated mass is red and thickened by infiltration, and the papillomatous growth is subdivided into polygonal and hemispheroidal lobes, the latter being made up of lobules and papillæ. Bazin terms the disease "éruption papilliforme consécutive à de l'eczema," and also "forme d'eczema dégénérée." The patient was a commissioner, and the disease had been four years in progress; it began as the consequence of an irritation excited by an operation for the relief of an ingrowing nail. The irritation gave rise to eczema, the inflamed skin threw out a papilliform growth, and the growth continued to increase until it reached its present excessive dimensions. *Baretta.*
47. Model of the leg, exhibiting chronic eczema with hypertrophy of the lower part of the limb and foot and hypertrophy of the papillæ cutis around the ankle (*eczema hypertrophicum papillomatosum*). The upper portion of the eczematous skin has a purplish-red hue; lower down it is encrusted by a thick scab of a greenish-brown colour, stained by remedies employed in the treatment, while in front the scab is absent, and a dense cluster of hypertrophous papillæ cutis, resembling the efflorescence of a cauliflower, is brought into view. Hardy terms the disease, apparently in reference

to the papular growth around the ankle, "lichen hypertrophique." The patient was a man 69 years of age; at 33 he received an injury to the leg which was followed by ulcers; since that period he had suffered three attacks of eczema, the last when he was 66, and this had been neglected. As a consequence of neglect the skin became covered with a thick crust, two little enlargements were seen in the midst of the crust, and on admission into hospital, three years after the commencement of the attack, the lower third of the leg was covered with nodosities and tubercles ranging in size from that of a pea to that of a hazel nut. A varicose state of the veins of the leg also contributed its share to the development of the disease.

Baretta.

48. ECZEMA HYPERTROPHICUM (*tuberosum*). Cast in plaster of the back of the shoulder of a man 46 years of age. He had suffered from eczema for ten years, and the eczema had assumed in several situations a tuberos form. The tubera were caused by partial and circumscribed œdematous infiltration, and from time to time exuded a copious serous discharge. A few of the tubera are isolated, while the greater part are confluent and blended together into a large tuberos mass. There were many of these clusters of tubera dispersed over different regions of the body.
49. Water-colour study of the eruption of the same patient, exhibiting the colour, figure, and bulk of the tubera; as also of two blotches, one in the progressive the other in the retrograde stage.
- Bagg.*
50. Tuberculous hypertrophy of the skin with œdema. Water-colour drawing of the right thigh and knee of a woman aged 47, in whom, subsequent to œdema, the red tubercles and hyperæmia seen in the drawing were developed. Aggravation of the disease led to amputation of the limb. The tubercles bear a close resemblance to those of *eczema hypertrophicum tuberosum*, Nos. 48, 49. The case was published in the 'Virginia Medical Journal' for September 1856.
51. Drawing of the left leg and foot of the same patient; the œdematous hypertrophy and tuberculous development are well shown. The disease

began in the left leg two years subsequently to the amputation of the right, and the woman died ten months later. The greenish hue of four of the tubercles and of the hollow in the centre of the chief mass is due to gangrene, the subsidence of the level of the latter being occasioned by drainage of its serous infiltration. The cause of the disease could be traced back to weak nerve-power and feeble heart. In her last illness she was under the care of Dr. Silas Durkee, of Boston, and an abstract of her case will be found in the third volume of the 'Journal of Cutaneous Medicine,' page 502, January 1870. Both drawings are the production of an American artist. *Nutting.*

52. ECZEMA ONYCHICUM (*eczema unguium*). Model of the hand, showing a thickened and rugged state of the nails due to eczema. There is some redness and roughness along the border of the wall of the nail, and the nail is thickened at the expense of its deeper stratum, that which is formed by the matrix. This portion appears as a thick wedge, which lifts up the surface-layer of the nail and forces it backwards and upwards (onychogryphosis). The patient was a paviour, 54 years of age, under the care of Bazin, and the disease, which was painless, had been in existence for three years. *Baretta.*

507. ECZEMA MUCOSUM. Siliquous or pod-like horny crusts from the lips of a patient affected with eczema mucosum. These are secretion-crusts and not exudation-crusts, there being no abrasion of the surface on which they are produced.

53. SCABIES VULGARIS. Coloured lithograph of common itch as it frequently manifests itself on the sensitive skin of a child. The polymorphic character of the disease, consisting of papulæ, vesiculæ, pustulæ, and excoriations, is well exhibited, as well as the concentration of the disease in the interdigital fossæ, and in the grooves of flexion of the palm and of the front of the wrist. One of the series of "Portraits of Diseases of the Skin."

54. Water-colour study of *scabies vulgaris*. Bagg.
At the back of this drawing is one of centrifugal syphilis of the palm of the hand, No. 162.
55. Plaster cast of the palmar surface of the left hand.
56. Plaster cast of the palmar surface of the right hand.
57. Plaster cast of the back of the hand. These casts are from the same patient as the drawing and lithograph.
58. Proof engraving of the *acarus scabiei*; its dorsal and ventral aspect, with a view of the pentelobate foot of the animalcule and its ova. The specimen is a male, as is shown by the pentelobate foot on the posterior pair of legs.
508. *Acarus scabiei*: female specimen.
59. LICHEN SIMPLEX, *var.* CONFERTUS (simple lichen). Coloured lithograph of simple lichen affecting the trunk and arms of the patient, and limited to the extent of surface covered by a woollen vest. The patient was a compositor, aged 28; he had been suffering from an attack of epidemic catarrh for which he took a warm bath, and the day following, no doubt excited by the warm bath, the eruption made its appearance. It must also be mentioned in connexion with the limitation of the eruption, that the woollen vest was new and of a red colour; being new it would naturally stimulate the skin more than a garment that had been long worn and repeatedly washed; and, on the other hand, some part of its irritative quality might have been derived from the pigment. This case may be taken as the type of the papulæ of dermal pathology, and the student's attention is drawn to the size and distribution of the papulæ. They are most minute where they are most abundant, a few papulæ of larger bulk being mingled with the rest, while they are scanty and larger on the flanks, and largest on the shoulders and arms where they have a corymbose arrangement. One of the series of "Portraits of Diseases of the Skin."

60. Water-colour study of the above case. *Bagg.*
61. Plaster cast of the upper part of the back of this patient, showing the aggregated arrangement of the smaller papulæ.
62. Plaster cast of the flank of the same patient; the papulæ are less abundant and larger, and show a tendency to assume a corymbose arrangement.
63. Plaster cast from the shoulder and upper arm, showing the largest papulæ and their *corymbose* grouping.
64. Plaster cast from the same patient, showing the large size of the papulæ.
65. Water-colour study of *lichen simplex* and *lichen pilaris*, for colour, bulk, figure, and distribution of the papulæ. *Bagg.*
For an admirable illustration of *lichen pilaris* the student is referred to model 32.
66. LICHEN CIRCUMSCRIPTUS (*orbicularis*). Plaster cast showing a patch of eruption on the front of the chest of a little girl 10 years of age. She had one other similar patch on the side of the abdomen. The eruption had existed in its present state for a fortnight.
67. LICHEN CIRCINATUS. Coloured lithograph of the centrifugal form of lichen as it occurs usually in the hollow of the back. The eruption is made up of circles having a yellowish area and a border more or less distinctly papulated; towards the centre of the patch the rings are blended, they have lost more or less of their circumferential ring and present a map-like configuration. The rings are more distinct around the circumference of the map-like patch, and there also are only partially bordered with papulæ, while a few isolated papulæ are scattered in the spaces between them. The patient was a young man, aged 24; he had a similar eruption in the hollow of the sternum, and the eruption had existed for three years. One of the series of "Portraits of Diseases of the Skin."
68. Plaster cast of the hollow of the back between the shoulders of an adult man, exhibiting serpiginous lichen in its circinate form. Many of the

papulæ are isolated and of various size; others are confluent, forming small flat circular disks with sharply defined outline; others again have run into distinct rings, the papulæ of the margin being unequal in size; while in the centre of the patch several of the rings have become blended together into a blotch of map-like figure.

69. Duplicate plaster cast from the same patient.
70. Plaster cast of the front of the chest of a young man, showing serpiginous lichen in its circinate form; the pathological characters of the eruption are very evident, namely, scattered papulæ, circular disks sharply defined and flat, rings with a papulated border more or less complete, map-like patches formed by the blending of several rings and, here and there, broken segments of rings.
71. Plaster cast of the hollow of the back between the shoulders of the same patient. The circular character of the eruption is less distinctly defined than on the chest, the eruption being chiefly papular and discoid.
72. Plaster cast of the front of the neck and chest of a woman aged 45. The eruption consists of circular patches of various dimensions slightly raised at the circumference, where they are more or less distinctly papulated. Just below the left clavicle is a single isolated circular patch, and above the same clavicle an oblong patch which occupies the supraclavicular fossa. One end of a similar oval-shaped ring is seen in the same situation on the right side. The front of the neck presents a map-like patch of rings and segments of rings confusedly blended together, and the same kind of patch is seen in the hollow of the sternum, spreading out laterally upon the mammæ and extending in a broad band under the right mamma towards the side of the trunk. On the front of the right shoulder the papulæ are scattered in small clusters, a few of the papulæ being discrete.
73. LICHEN URTICATUS. Plaster cast of the left hand and part of the forearm of a child, exhibiting the large, scattered, and discrete papulæ of this form of eruption.

74. Plaster cast of the right forearm and hand of the same patient; the papulæ are well seen at the root of the fingers.
75. Plaster cast of the right hand of a child, showing the papulæ of *lichen urticatus*.
76. Plaster cast of the hip and thigh of the same patient.
77. Wax cast of the outer side of the leg of a little girl, aged 3½ years, showing the papulæ of *lichen urticatus*.
78. Plaster cast of the leg of the same patient.
79. LICHEN PLANUS. *Lichen ruber*, of Hebra. Plaster cast of the inner side of the knee of a woman of about 48 years of age; the eruption is seen in its discrete and in its partially aggregated form.
80. Plaster cast of the left forearm of the same patient, showing the eruption in its discrete form. The eruption is admirably illustrated by the cast, as well as one of its favourite haunts, namely, just above the wrist.
81. Water-colour study of *lichen planus* for colour and distribution of papulæ, from the same patient, right flank. *Bagg.*
82. Water-colour study of *lichen planus*, illustrating colour and distribution of papulæ. The seat of the eruption is the left arm, and in the left-hand corner of the drawing is a memorandum of the colour of the stains left by the papulæ at their decline. *Bagg.*
83. IMPETIGO CONFERTA. Coloured lithograph of impetigo of the face. The patient was a delicate youth, aged 17; he was brought up in the country, and being placed in an office in London fell into bad health; having been on one occasion heated by exercise, he was exposed for some time to the cold, and while labouring under the consequences of a chill, the eruption appeared upon his face at first as a small clustered spot (*impetigo figurata*), but the eruption gradually increased until it occupied the extent shown in the plate. At about four months from its first outbreak, in

the month of November, he fell into the water, and the eruption became much aggravated. At this time the "portrait" was taken; the entire face is somewhat swollen; the eyelids are almost closed by the swelling; and the skin was so stiff that the opening of the mouth or the movement of the jaws gave rise to bleeding. This is the form of eruption to which the Greeks gave the name "melitagra," from the dried-honey-like appearance of the crusts. The disease quickly gave way to appropriate treatment, and the patient was finally cured by a sea voyage. One of the series of "Portraits of Diseases of the Skin."

84. Water-colour drawing of the same patient. *Bagg.*
85. Model of the face, exhibiting the crusts of impetigo. The patient was a delicate lad, aged 16, of feeble lymphatic constitution; the eruption is of the scattered kind, *impetigo sparsa*, but in the left maxillary region is somewhat clustered, *impetigo figurata*. The phlyctenoid pustules are each covered with a thick brownish-yellow crust. The boy was under the care of Lailier in the Saint Louis Hospital, and was reported "cured" within a month of his admission. The student's attention is drawn to the clever representation of freckles or *lentigines* upon the nose and neighbouring part of the cheeks. *Baretta.*

GROUP II. ERYTHEMATOUS AFFECTIONS.

86. ERYTHEMA PAPULOSUM. Water-colour study of *erythema papulosum*; the papulæ are aggregated in clusters around the convexity of the elbow. *Bagg.*
87. Water-colour study of the same affection in a similar position, together with a clustered patch of eruption on the forearm. *Bagg.*

88. Plaster cast of the left hand of the same patient, its dorsal surface. The papulæ are congregated on the radial border of the hand, the thumb, and fore-finger. They range in size between one and two lines; a small coherent patch of the papulæ measuring half an inch.
89. Wax cast of the back of the hand of the same patient, showing *erythema papulatum* in the stage of decline.
90. Plaster cast of the back of the right hand, sprinkled over with papulæ of *erythema papulosum*; a few of the papulæ are upwards of a quarter of an inch in diameter, and some are clustered into small blotches.
91. Plaster cast of the radial border of the left hand, showing a considerable cluster of papulæ on the metacarpal region of the thumb, and one large patch on the first phalanx of the index finger. Some of the larger papulæ manifest a tendency to peripheral growth, and are more prominent at the border than in the centre of the area.
92. Plaster cast of a portion of the forearm of the same patient; a few of the papulæ are little more than a line in breadth, while one has enlarged to the extent of three-quarters of an inch by the centrifugal growth of its border, the area being somewhat depressed.
93. Model of the left knee, showing a diffused blotch of erythema, *erythema papulosum diffusum*, of a bright scarlet colour, very slightly prominent, bounded by a well-defined border, and fringed by a few scattered papulæ of *erythema papulosum* of a brighter tint than the blotch, some of the fading papulæ having a purplish hue. The eruption appeared suddenly, and was accompanied with a tingling pruritus. In twenty-four hours the redness disappeared, leaving a pale orange-yellow stain, like that of a bruise, and the stain or ecchymosis dispersed after a few days. The patient was a woman, aged 24; she had suffered a painful confinement with retention of the placenta; to this succeeded a tumour in the pelvis, accompanied with pain in the abdomen, loins, and left groin, and some uterine hæmorrhage, dyspepsia, loss of appetite, and constipation. For

these symptoms she kept her bed in hospital, and at the end of nearly three months, and when in course of recovery, constipation returned with headache and feverishness, and, succeeding these symptoms, the erythema seen in the model appeared upon her knees, ankles, forearms, and anterior aspect of the upper arms. *Baretta.*

94. **ERYTHEMA TUBEROSUM.** Cast of the lower part of the leg of a young woman, aged 22, a maid-servant. The prominence of the tubercles was so slight that they are difficult to define on the cast, although they were very apparent to the touch, and also distinguishable by their redness, their maximum breadth being about an inch. The follicles situated on the tubercular spots were enlarged and prominent, and these are seen on the cast.
95. Wax cast of the same case; the size of the spots ranges between one line and one inch, the more common size being one-third of an inch. They were more remarkable for depth of implantation in the skin than for prominence.
96. **ERYTHEMA NODOSUM.** Wax cast of the lower part of the leg of a woman, 45 years of age, showing a patch of *erythema nodosum* which encircles the leg like a bracelet. The eruption, as is usual, was accompanied with much pain.
97. Plaster cast of the same case; the follicles covering the tubercle are remarkable for their prominence.
98. **ERYTHEMA ROSEOLOSUM.** Coloured lithograph representing the leg of a boy 12 years of age; he enjoyed average health, but was subject, "spring and fall," to an eruption similar to the one delineated in the drawing. The present eruption occurred in the spring of the year, and showed itself immediately after a long walk and a holiday in the country. It began with soreness, and tingling and smarting, which were compared to the stinging of nettles. The spots appeared concurrently with these sensations; they were of a bright rose-red colour, somewhat pale in the centre, but after a hot bath became deeply purple. They then spread

by the circumference and formed rings, the area of the ring having a reddish-yellow tint, and the border being slightly prominent. The eruption was at its height on the fourth day, but the drawing was not made until the fifth, when retrogression had commenced; and at its decline the seat of the rings was indicated by bruise-like stains. One of the series of "Portraits of Diseases of the Skin."

99. Water-colour drawing of the same case.

Bagg.

100. ERYTHEMA IRIS. Plaster cast of part of the right hand, showing the peculiar figure of *erythema iris*, in which the original papula remains, retaining the character of a central boss, and is surrounded by a prominent peripheral ring. A well-marked ring is seen on the knuckle of the ring-finger, it is half an inch in diameter, with a central boss measuring two lines. A smaller ring and boss, the former measuring a quarter of an inch, is visible on the index-finger, together with some scattered papular prominences.
101. Plaster cast of part of the thumb of the right hand, showing a well-marked iris on the metacarpo-phalangeal joint; the ring measures half an inch in diameter, the boss measuring two lines, and the border being equal in breadth to the boss. Near this spot is another a quarter of an inch in breadth, in which the differentiation of boss and ring has not yet appeared.
102. Plaster cast of the palmar surface of the fingers of the right hand, showing clusters of prominences forming tender swellings, but without differentiation into boss and ring as on the thinner skin of the dorsum of the fingers and hand.
103. ERYTHEMA PELLAGROSUM. Model of the back of the left hand. The erythema is a circumscribed circular blotch extending from the middle of the first phalanx of the index-finger, middle finger, and thumb to above the wrist in one direction, and from near the ulnar border of the hand to the radial border in the opposite direction. The redness is pretty

uniform over the whole area, and the latter is bounded by a red margin, which is blotchy from point to point, indicating the presence of new centres of hyperæmiation. The patient was a man 36 years of age, under the care of Lailier. *Baretta.*

104. Coloured photograph of the back of the right hand, showing a circular blotch of *erythema pellagrosum* with well-defined margin. The patient had spent many years of his life in India; he was debilitated and dyspeptic, his complexion yellow, and countenance dejected. His engagements in India demanded an excessive use of the hand in writing, to which he added the occupation of an amateur artist, and in consequence of the loss of power which resulted, he was thought to be the subject of "scriveners" palsy. The erythema on the dorsum of the hand had been four years in existence; it began as a small circular patch, and increased gradually to its present extent. It was preceded by excessive sensibility of the skin with neuralgia, and upon this followed insensibility with loss of power of motion of the hand, and especially of the thumb. The disease is evidently a neurosis.
105. ERYTHEMA COPAIBICUM. Model of the fore arm and hand, showing papulæ and maculæ of a bright crimson colour. The erythema evidently takes its origin in the follicles, is papular on the hand, and macular on the arm. The papulæ on the hand and fingers range in size between three-quarters of a line and two lines, and give warrant to the term adopted by Guibout, namely, "erythème papuleux copahique." There are also, mingled with the papulæ, a few prominent maculæ measuring four lines in diameter. On the arms the spots have the character of maculæ with a prominent centre, rather than papulæ; some have a deep crimson centre with an areola of less vivid redness, and reach a diameter of half an inch; others are composed of three or four flattened papulæ united by an erythematous base; and others, again, have an annular figure encircling a centre possessing the natural hue of the skin. Across the root of the fingers and just above the wrist are two bands of erythema, referrible possibly to some preexisting lesion of the skin. *Baretta.*

106. URTICARIA (*nettle rash*). Coloured lithograph of the dorsal aspect of the trunk of the body covered with the erythematous blotches and blanched wheals of urticaria. The patient was a man, aged 40, who suffered two attacks of the eruption, the first lasting nine months, and the latter six; and during an intermediate period of one year he was annoyed with a desquamating form of eczema. His illness originated with dyspepsia and rheumatism of the joints, caused by lying on damp grass. For this attack he kept his bed during a fortnight, and on leaving his room was seized with urticaria; the eruption appearing first on his knees, then on the rest of the joints, and, lastly, on the trunk of the body. The irritation was always most severe at night, and abated in the morning. After obtaining some relief from the urticaria, he was suddenly seized with erysipelas of the forehead, at the root of the nose; the erysipelas spread rapidly to the face and head, was attended with violent delirium, and he died in four days. One of the series of "Portraits of Diseases of the Skin."

107. Water-colour drawing of the preceding case.

Bagg.

108. Water-colour study of *urticaria* for colour and conformation of eruption. To the left of the drawing is an oblong brown patch of *nævus pigmentosus*.

Bagg.

GROUP III. PHLYCTENOUS AFFECTIONS.

109. PEMPHIGUS. Coloured lithograph of *pemphigus iris*. Pemphigus iris occupies an intermediate position between erythema and pemphigus, while its claim to either designation is founded on the existence, solely or chiefly, of erythema in the one instance, and vesication in the other. In Nos. 100 and 101 we have examples of erythema alone, while in the

present case a bulla of greater or less magnitude occupied the centre of each spot. The eruption in this case was general and successive; each separate ring is frequently the production of a single day, so that when the action has proceeded for some time, as in the large patch of concentric rings represented at the upper part of the thigh, it would be possible, by counting the rings, to determine the day of appearance of the first spot, and the number of days that the patch had existed. In this particular patch there are seven white rings, representing seven days, and seven circles of fading red between them, the outermost white ring being bounded by a narrow areola of pale crimson; while in another patch, measuring only half an inch in diameter, there were counted nine different tints of colour, which, from the centre to the circumference, were red-brown, white, deep red, lighter red, deep red, pale red, deep red, yellowish white, and crimson blush. The dark line in the centre of the spots indicates in some a commencing desiccation of the bulla, and in others its rupture.

110. Coloured lithograph of *pemphigus vulgaris*. The patient was a strumous boy, seven years of age; when three years old he received a blow on the knee, the injury produced swelling, and four years later the limb was condemned to amputation. With occasional intermissions, his life, up to the period of this report, was spent in hospital; and three years after, being invalided for his knee, the pemphigus made its appearance. The eruption was recurrent, lasting the first time for nine weeks, and subsequently for five weeks, with intervals ranging between ten days and two or three months. In all he had six attacks, and was much debilitated in constitution, the eruption being chiefly developed on the limbs.
111. Water-colour study of the same case. *Bagg.*
112. Plaster cast of the front of the right forearm of a child, showing *pemphigus vulgaris*. Some of the bullæ are isolated, others confluent, and others collapsed. Immediately above the wrist is a compound bulla produced by the confluence of four.

113. Plaster cast of the radial side of the left forearm of the same patient: the eruption presents similar characters.
114. Wax cast of part of the lumbar region of a young woman, aged 20: the bullæ are small, and some in a state of collapse; the case ended fatally.
115. Plaster cast of the same case.
116. Wax cast of the lower part of the thigh and side of the knee of the same patient. Within a small extent of surface there are about eighty spots, presenting the forms of incipient vesicles, slightly raised vesicles apparently little more than a corrugation of the epidermis, cicatricial depressions, and pigmentary stains. The general aspect of the skin is that of cachexia; the spots and imperfect vesicles are brown in colour, some are isolated, and others disposed in annulate groups, and their average size is something less than half an inch in diameter. The cicatricial indentations are worthy of observation.
117. Model of the back of the right hand and wrist. The patient, a female servant, aged 46, was attacked with pemphigus on the 12th of February, 1869, and died on the 20th. The eruption was general, and from the rapidity of its course, is termed by Guibout "pemphigus aigu généralisé." The bullæ were most abundant on the extremities, a few only being scattered over the face, upper part of the neck, and trunk; their average size was that of an almond, but some were much larger, as is shown in the model. Guibout notes that one day the bulla on the hand was a large, flat, uniformly elevated patch, bordered by a rose-coloured areola, and on the next became distended to its present dimensions. The young woman had a general appearance of health; she had been troubled for four months with nocturnal pruritus, beginning in the legs and thence extending to the whole body; for these symptoms she took baths and applied ointments, and the pemphigus followed immediately upon the use of an ointment containing turpentine. On admission into hospital she was suffering under gastric derangement, with a pulse of 112; three days later the tongue was coated, and the pulse 104; the next day the tongue

was white; the day following the pulse was 100; there was much prostration, with delirium and a hot skin; the day afterwards she became comatose, the delirium continuing, and she died in the night without reaction. After death the chief internal morbid appearance was congestion of the mucous membrane of the small intestine. *Baretta.*

118. Model of the tibial side of the leg and foot of the same patient. The skin is scattered over with small erythematous spots, the site of future bullæ, small bullæ, and excoriations, some moist and exuding, others in a state of commencing incrustation. A few moderate-sized bullæ are seen around the ankle and in the sole of the foot. The subsidence of the dome of a bulla, with its wrinkled surface, is well shown in the preceding model, No. 117. *Baretta.*

119. Model of the lower half of the right leg and foot, its tibial aspect. On its surface are scattered nine bullæ, ranging in size between that of the hemisphere of a large pea and that of a large hazel nut; and about the same number of circular excoriations, caused by the rupture of other bullæ. The contents of the bullæ are semipurulent and opaque, the distended bullæ are without areolæ, but the excoriations are surrounded by an erythematous desquamating border, within which is seen an edge of collapsed cuticle, and within the latter a thin brown scab. On one or two the scab is thicker, almost amounting to a crust; from others an ichorous sanguinolent discharge is seen to be issuing, and in two places there are clusters of three or four excoriations, in which the erythematous borders and excoriated bases have become blended so as to form inflammatory blotches. The case is designated by Lailier "pemphigus aigu." *Baretta.*

120. **HERPES ZOSTER.** Coloured lithograph, showing the typical form of herpes, the particular example being *herpes zoster*, or *herpes intercostalis*. The eruption is seen in its characteristic progressive stages, namely, as nascent vesicles clustered on an erythematous base, as fully developed vesicles, discrete and confluent, transparent and opaque, colourless, yellowish in various degrees, or purplish, and, finally, as incipient scabs.

121. Model of *herpes zoster* or *intercostalis* of the left side of the trunk, occupying about the fourth, fifth, and sixth intercostal spaces, and extending from the region of the posterior border of the scapula to the ensiform cartilage. The blotches are continuous throughout the whole extent of the eruption, but a few isolated blotches of small size and a few scattered vesicles may be seen along the upper and lower boundary of the patch. The nipple is completely surrounded, and the illustration may be regarded as a severe example of the disease. The patient was a man, 60 years of age; he remained in hospital for ten days and left much improved. He was under the care of Lailier, and was treated by the application of an alcoholic solution of perchloride of iron, one part in five. *Baretta.*

122. HERPES BRACHIALIS. Wax cast of the arm of a boy seven years of age, showing herpes in its various stages, but with less inflammation than is common in this disease. Above, over the lower part of the deltoid, may be seen an erythematous blotch studded with incipient vesicles; near the bend of the elbow are several vesicles dried up into dark brown scabs, and on the forearm a cluster of nine or ten discrete vesicles without any inflammatory areola.

123-126. HERPES CRURALIS. A set of four plaster casts, exhibiting the progressive development of *herpes cruralis*, the casts being taken on successive days. The patient was a boy, 15 years of age, who was chilled by sitting on the grass on Good Friday, April 10, 1846. The next day he had severe pain over the whole of the front part of the thigh, which was attributed to rheumatism. On the evening of Saturday a blush of redness in patches was apparent on the surface; on Sunday, minute vesicles in clusters were perceived here and there upon the red patches. These vesicles soon became distended with a transparent and colourless fluid and reached their full size, looking towards evening like so many pearls. On Monday, some of the vesicles were already becoming shrivelled and had a purplish hue, while others, fully distended, possessed a rich grape-yellow tint. On Tuesday, all the vesicles were on the decline, with the exception of a few tardy clusters, which were now attaining maturity.

On Wednesday, the fourth day of the eruption, the greater part of the vesicles had dried up into reddish-yellow wrinkled scabs. On succeeding days the scabs became gradually darker and harder, and were closely imbedded in the skin; by Saturday a few only of these scabs remained; and on Sunday, the day of completion of the week, traces only of the existence of the eruption remained.

127. Plaster cast of the upper part of the thigh and groin, showing a well-marked, oblong patch of *herpes*; the erythematous base of the eruption is seen to be slightly elevated.
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GROUP IV. FURUNCULOUS AFFECTIONS.

128. ECTHYMA. Water-colour study of ecthyma, illustrating colour and form of the pustules and their several stages—incipient, mature, encrusted, and ulcerative, and cicatricial stains. In the lower part of the drawing is a study of *tinea tonsurans*, showing papulæ formed by the prominence of the follicles from which the stumps of broken hair are seen issuing; also the small polygonal islets into which the crust of the disease is apt to break up. *Bagg.*
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GROUP V. TRAUMATIC AFFECTIONS.

129. ARSENICAL ULCER. Model of the wrist, three fingers, and a thumb, showing ulcers produced by the irritative action of arsenic on the skin. All the ulcers have the same general character of being deep, coated on the surface by a buff-coloured gelatinous-looking lymph, bordered by a dark

red margin, and surrounded by a purplish-red, thickened, and desquamating areola. The ulcers on two of the fingers occupy the side of the first phalanx near its base, and are larger than the rest from the facility of lodgment of the poison in the interdigital grooves, one of the two ulcers being formed by the confluence of three sores of smaller size. On another finger the ulcer is smaller and situated at the side of the middle phalanx, while on the thumb the ulcer is seated immediately beneath the free extremity of the nail, and is partly covered with a black crust. The patient was a man, aged 55, of good constitution and good family history. In July 1865 he took service in a factory of chemical products, and was employed in preparing an arsenical colour, the Schweinfurt green. After a month or six weeks he was attacked with catarrh and coryza, and was troubled with ulcers on the scrotum, sides of the fingers, and wrists. He was admitted into Bazin's wards, and was discharged cured at the end of forty days. In November he returned to his duties in the factory, and at the end of a month had a recurrence of his previous symptoms, namely, catarrh and coryza, which gave a nasal intonation to his voice, ulcers on the inner side of his thighs, on his fingers and wrists, and ulcerating papulæ on his cheeks near the angle of the mouth. At the end of the month of March he was readmitted into hospital under the care of Lailier; at this time he was debilitated, his appetite was good, and his bowels were regular. There were ulcers on the inner side of the thighs and legs, on the scrotum, on the hands, wrists and forearms, between the toes, on the cheeks, and within the nostrils, the septum nasi being perforated, and the lining membrane red and swollen. There was a mucous discharge from the nose, but no affection of the mucous membrane of the mouth and fauces. At this period the disease had been three months in progress, but there were no indications present of constitutional symptoms occasioned by the arsenic, and at the end of a month he was discharged nearly cured, the treatment in the interval being of the most simple description, namely, warm baths, with aromatic wine, styrax ointment, and nitrate of silver. *Baretta.*

130. A silk sock of a bright scarlet colour dyed with one of the *aniline pig-*

ments, probably coralline. A pair of these socks, worn for a day, gave rise to an intense inflammation of the feet, *dermatitis anilina*, which lasted for a fortnight, and was repeated at intervals of a few weeks for many months. The general features of the inflammation were heat, swelling, itching, tingling, and large blisters, while an eczematous irritation was propagated, more or less extensively, to the whole body of the patient, especially to the hands.

131. A sock of mixed fabric dyed with one of the aniline pigments. The colour is in a measure lost by washing; the socks were originally striped with purple, and the impression of the purple stripes was made visible on the legs of the patient in the form of dark red bands that resembled burns. As in the preceding instance, the *dermatitis anilina* was severe and recurrent and repeated for many months, and at its height gave rise to swelling of the inguinal glands.

132. Model of an arm, showing a blotch of eruption on the metacarpus of the thumb and first metacarpal space, and a line of inflamed tubercles (*adenomata*) extending from this blotch upwards to the axilla. The blotch of cutaneous disease is partly covered by a thin squamous crust and partly denuded, and the tubercles are ten in number. The tubercle nearest the inflamed blotch is in a state of ulceration, as also are the second and the third. The fourth has the appearance of containing pus, and is reaching maturity; the next three tubercles have the dull purplish hue of decline, and are squamous on the summit, while the three remaining are in a progressive stage. In the intervals of the tubercles, particularly on the upper arm, may also be seen a pale ridge indicating a line of deep-seated inflammation and thickening following the course of the lymphatic vessels. A glance at the model is sufficient to show the progress and effects of an inflammation of the absorbents. This disease is termed by Bazin "hydrose adenite traumatique," indicating the presence of tumours of adenoid tissue, or *adenomata*, in the course of lymphatic vessels.

Baretta.

GROUP VI. EXANTHEMATOUS AFFECTIONS.

133. RUBEOLA. Water-colour study of the exanthem of measles, showing colour and manner of evolution. The first of the sketches exhibits the commonly recognized fleckered or dappled form of the eruption. On the face the patches are more decided in colour and larger, and interspersed with papulæ; and on the arm also papulæ are developed in the midst of the fleckered spots. *Bagg.*

134. SCARLATINA. Chirotheca cast by a patient recovering from scarlatina.

135. Podotheca cast by the same patient.

These two objects have been transferred from the General Museum to the Dermatological Collection.

136. VARIOLA. Wax cast of the breast of an infant, showing a varioloid eruption which appeared soon after vaccination, and was the cause of the child's death. The eruption commenced on the head and face, and extended thence to the neck and chest. On the chest there were more than one hundred vesicles, presenting the characteristic flattened and umbilicated figure of the variolous pock. They were for the most part discrete, but every here and there were confluent clusters of three, four, and five. On the neck the vesicles were confluent, the intervals of skin between the large patches were vividly red, and the whole surface poured out an abundant ichorous discharge. The child had evinced a tendency to eczema from its birth.

137. Plaster cast of the same case; the larger vesicles measured two lines in diameter.

Preparations illustrative of variola will be found in the general Pathological series, numbered 2273 to 2277, and Nos. 2277 *a* and *b*.

138-144. Plaster casts of *variola ovina*, showing the form taken by small-pox in the sheep. The pock is a broad papule or flattened tubercle, on the

summit of which a flattened vesicle containing lymph is developed. The pocks range in dimensions from one line to half an inch in diameter, with a prominence of about one line; they are for the most part discrete, but some few are confluent.

GROUP VII. SYPHILOUS AFFECTIONS.

145. DERMATOSYPHILIS, or cutaneous syphilis. Water-colour study of the forms of manifestation of syphilis of the skin, ranging between syphilitic erythema and papular syphilis. The groups represented are all taken from nature, the upper half of the drawing being devoted to erythema and the lower half to syphilitic papulæ or lichen. The forms of erythema shown in the drawing are the corymbose, orbicular, circinate, and squamous, with the deep brown stains common to syphilis; while the forms of papular syphilis are the disseminated, corymbose, and circinate. The colour of the eruptions has been closely adhered to, and the orbicular spot, denuded of epidermis and surrounded by a ragged frill of cuticle, may be taken as a precise imitation of the pathognomonic "copper colour."
Bagg.

146. DERMATOSYPHILIS ERYTHEMATOSA. Coloured lithograph of erythematous syphilis in an infant eleven months old. The disease was first manifested at the age of six weeks by excoriation of the mucous membrane of the mouth and at the angles of the mouth, nose, and eyelids, by aphthæ, hoarseness, and mucous accumulation in the bronchial tubes, trachea, and nares. Three months after this attack the eruption made its appearance in the form of small circular spots, which increased quickly in size and became blended into blotches of considerable dimensions, slightly elevated, distinctly circumscribed, and gently rounded at the margin. A few of the original spots remained isolated and formed

circular disks, somewhat depressed in the centre; an example of one of these latter spots is seen on the left buttock. The mother of the child was free from any syphilitic symptoms, but had suffered two miscarriages and occasionally from vaginal discharge and sore throat, the latter being attributed to catarrh. She was a healthy-looking young woman of twenty-six, and her husband was, to all appearance, equally healthy. One of the series of "Portraits of Diseases of the Skin."

147. Water-colour drawing of the same case; the prominent margin of the patches is more strongly marked than in the lithograph, particularly that of the patch occupying the right flank. *Bagg.*
148. DERMATOSYPHILIS ERYTHEMATOSA PALMARIS. Coloured lithograph of the right hand, showing one of the forms of chronic syphilis. The centre of the palm is recovering its normal structure, the rest is roughened by fragmentary desquamation of the cuticle. In some of the grooves of motion, particularly those of flexion of the fingers, are bleeding fissures, and an active state of the disease is visible at the wrist. The left hand was unaffected, but there were present on the penis two orbiculate patches consisting of a furfuraceous area and prominent desquamating annulus. The patient was 49 years of age; he had never, to his knowledge, had chancre; fourteen years back he suffered under symptoms resembling secondary syphilis, namely, eruption of the skin, sore throat, and neuralgia; the eruption got well in six weeks, but the ulcerated sore throat, with occasional neuralgic pains, lasted for a year. On recovering from these latter symptoms, syphilitic erythema, with desquamation, appeared in the palm of his hands and annoyed him for six years. Then the hands returned to their healthy state; but a few months later the disease reappeared in the right palm, which it has now occupied for six years. It began as a small desquamating spot, and increased and spread by the circumference until it pervaded the entire surface of the hand, as is shown in the lithograph. One of the series of "Portraits of Diseases of the Skin."
149. Water-colour drawing of the same hand. *Bagg.*

150. Plaster cast of the palmar surface of the left hand and wrist, showing *dermatosyphilis palmaris*. The epidermis has exfoliated at several spots, leaving irregular depressed patches bounded by a ragged and abrupt edge of cuticle. On the wrist is a patch consisting of two confluent rings with raised border.
151. Plaster cast of the back of the same hand, showing the advance of the eruption upon its ulnar border from the palmar surface. The boundary of the patch exhibits the characteristic sharply defined and prominent margin; and on the edge of the last phalanx of the thumb are seen hollow spaces produced by exfoliation of the cuticle.
152. DERMATOSYPHILIS ERYTHEMATOSA PLANTARIS. Coloured lithograph of the sole of the right foot of a man of adult age, showing chronic erythematous syphilis with desquamation of the epidermis and fission. The disease had existed for ten or twelve years; he had suffered from primary syphilis but does not remember to have had any secondary affection. One of the series of "Portraits of Diseases of the Skin."
153. Water-colour study of the same foot. *Bagg.*
154. Plaster cast of the sole of the foot of the same patient.
155. DERMATOSYPHILIS ERYTHEMATOSA ORBICULATA. Water-colour study of a syphilitic eruption of the arm, exhibiting circular spots on which the cuticle is in a state of desquamation, or has already desquamated, leaving a smooth red surface surrounded by an abrupt margin of broken cuticle. The spots range in dimensions between one line and a half and eight lines, the greater number measuring a quarter of an inch. They present the characteristic copper colour of syphilis, and some which have declined have left behind them brownish stains. *Bagg.*
156. DERMATOSYPHILIS ERYTHEMATOSA CORYMBOSA. Coloured lithograph of the abdomen fleckered with a dull red eruption, resembling roseola or measles. The patient was a man, 40 years of age; a week after con-

tagion he became the subject of a superficial spreading sore on the prepuce, and six weeks later the measley eruption, exhibited in the drawing, made its appearance on the front of the trunk of the body and thighs, and lasted for three weeks. He had no sore throat, no enlarged glands, and no neuralgia. One of the series of "Portraits of Diseases of the Skin."

157. Water-colour study of the same case, showing the colour and figure of the hyperæmic patches. *Bagg.*
158. DERMATOSYPHILIS CIRCINATA. Plaster cast of the inner side of the thigh, showing four circular blotches of syphilitic erythema, ranging in size between two and three inches. These large blotches are abruptly circumscribed; they consist of a flattened area bounded by a prominent scalloped border, and are composed of small circular patches measuring half an inch to one inch in diameter. Each of the smaller patches originates in a follicular punctum, which is more or less prominent, and is bounded by a prominent border. At the periphery of the blotch these prominent borders constitute the general boundary, and give it its scalloped figure, while the rest of the circle either subsides and disappears, or remains within the area in the shape of broken segments of circles, or simply as scattered nodules or prominences; the breadth of the border is somewhat more than a line. In the uppermost of the blotches seen in the cast the area is smooth, and the marginal border uniform in prominence. In the third of the blotches, counting from above, the marginal border is nodulated or papular; while in the two others the area is occupied by segments of circles and isolated nodules or papulæ, the latter being sometimes follicular centres of a centrifugal ring, and sometimes follicular elements of marginal rings. In the second of the blotches may be seen the outline of a ring nearly an inch in diameter, and in the lowermost of the blotches is a central boss a quarter of an inch in diameter, and equal in dimensions to a small tubercle. In fact, in this cast we find congregated together the elementary types of simple erythema, of papula, and tuberculum, as also the type of centrifugal or serpiginous growth.

159. Plaster cast of the hip, showing rings of syphilitic erythema with a prominent broad boundary and depressed area. The rings range in size between one inch and a quarter and three inches, and the breadth of the marginal border is one-third of an inch. The border is scalloped in outline, giving evidence of the origin of the ring by several centres of growth, and the area is perfectly smooth—in the smaller rings evenly hollowed like the concavity of a basin, in the larger rings perfectly flat. The space between the rings is occupied by several scattered prominences measuring two lines in diameter.
160. Plaster cast of the inner side of the thigh of the same patient, showing similar rings, with tubercular prominences scattered between the rings. The texture of the skin of the area of the rings differs in appearance from that of the unaffected integument.
161. Plaster cast of the inner side of the knee and leg of the same patient. A well-defined figure-of-8 ring produced by the blending of two contiguous rings is seen on the knee, and an irregular tubercular ring on the calf.
162. Plaster cast of the lower part of the leg of the same patient, showing imperfectly defined rings.
163. Water-colour drawing, showing stains left on the skin by a fading erythematous syphilis of the circinate kind. In the centre of the area of several of the rings may be seen the remains of the central prominence by which the blotch originated. *Bagg.*
164. Coloured lithograph of *centrifugal erythematous syphilis* of the palm of the hand. The patient had been subject for twelve months to the development on his left arm of erythematous nodules lasting for a few weeks, and dispersing after a centrifugal growth of small extent. They scarcely exceeded three or four in number, and were the only existing signs of syphilis. In the spring of the year a similar nodule appeared in the palm of the right hand, desquamated, and got well in the course of a month. Shortly afterwards an inflamed and slightly prominent ring

showed itself around the circumference of the previously affected spot, and went on increasing in size until it attained the dimensions represented in the lithograph, nearly three inches in diameter. The area of the ring has healed completely, but the morbid process is active in the annular border; this latter measures a quarter of an inch in breadth; it is slightly prominent; the cuticle covering it is separated from the derma and in part broken away, and the exposed derma is deeply red, and in the centre of the palm fissured by a deep chap. A similar circle, but of less extent, and only three weeks old, existed on the palm of the left hand, near its ulnar border. One of the series of "Portraits of Diseases of the Skin."

165. Water-colour study of the preceding case. This drawing will be found at the back of No. 54, Group I. *Bagg.*
166. Plaster cast of the palm of the right hand of the same patient.
167. Water-colour drawing exhibiting a well-defined circular ring of *dermatosyphilis palmaris centrifuga*; the ring is swollen and prominent at the ulnar side, ragged from desquamation at the radial side; the grooves of motion crossing its area are deep and red.
168. Water-colour drawing of the preceding case at an earlier stage, showing three inflamed nodules united by an erythematous base, prefiguring the future ring; one of the nodules is deeper in colour than the rest, and is fissured through its centre.
169. Plaster cast of the palm of the right hand, showing a circular ring an inch and three quarters in diameter, situated upon the root of the thumb. The annular border is ragged from desquamation of the epidermis, while the skin of the area has returned to its normal state.
170. Plaster cast of the palm of the left hand of the same patient; the circular ring, of uniform dimensions with the preceding, occupies the central part of the palm, and is more prominent and ragged than that of the right hand.

171. DERMATOSYPHILIS PAPULOSA; *papular syphilis*; *lichen syphiliticus*. Plaster cast of the back of the forearm of a young man, a West Indian, 27 years of age. Every follicle is projected outwards so as to produce a pimple (*dermatosyphilis papulosa conferta*); the greater number of the pimples have an average size of one line in diameter, but a few scattered amongst the rest are more prominent and larger, measuring two lines in breadth.
172. Wax cast of the same arm.
173. Model of the front of the forearm and hand sprinkled over with isolated papulæ (*dermatosyphilis papulosa disseminata*), ranging in size between one line and nearly three, the greater number being of intermediate size. The larger papulæ have desquamated, and are surrounded at the base by a narrow frill of cuticle. *Baretta.*
174. Water-colour study of disseminated papular syphilis, to illustrate colour, size, and distribution of the papulæ. The region selected for the drawing is the radial side of the forearm. *Bagg.*
175. Coloured lithograph of the face of a young married woman, 20 years of age, showing disseminated papular syphilis. The papulæ are prominent, of various size, and scantily distributed over the surface. A few became pustular at the summit, and some on the nose are seen to be covered by a small crust. One of the series of "Portraits of Diseases of the Skin."
176. Coloured lithograph of the same patient, showing the distribution of the syphilous eruption on the back and shoulders. The forms presented by the eruption are of three kinds, namely, isolated papulæ, papulæ clustered on an erythematous base, and large, flat, orbicular papulæ which, from their size, belong to the class of tubercles. The latter occupy chiefly the back of the thorax; they are only slightly convex or lentiform in shape, and their greatest diameter is four lines. One of the series of "Portraits of Diseases of the Skin."

177. Water-colour study of the back and shoulders of the same patient, showing colour and distribution of the clustered papulæ, as also of the isolated papulæ, and of the larger lentiform papulæ or tubercles disseminated or dispersed over the back. *Bagg.*

The patient in this case suffered from inflammation of the vulva and purulent discharge, immediately after her marriage; a month subsequent to that event the papular eruption commenced on the face, and between the fifth and sixth week she had tonsillitis with smart fever and swelling of several of the lymphatic glands of the groins and arms. These latter symptoms were the result of cold, and during their continuance the erythematous and corymbose eruption across the shoulders made its appearance, together with an erythema tuberosum of the legs below the knees. Both these affections subsided with the febrile symptoms, while the papular eruption pursued an uninterrupted course.

178. Model of the face and front of the neck, studded with large and small papulæ, the former of a size warranting their designation as "tubercles" (*tubercula disseminata*). Around the mouth, and extending from the aperture of the nares to below the chin, the skin is erythematous, thickened by infiltration, and nodulated from the presence of similar tubercles; and at the openings of the nares, and around the alæ nasi, are seen brownish-yellow incrustations. The tubercles are numerous and discrete, and of large size upon the forehead, smaller and confluent upon the neck. The patient, a woman, was under the care of Dr. Hillairet, by whom the eruption is termed "syphilide papuleuse." *Baretta.*

179. Wax cast of the side of the face and neck of a young woman, aged 22, studded with syphilitic tubercles and papules; the tubercles are orbicular, slightly convex or lentiform, and isolated, their maximum diameter being a quarter of an inch, while papulæ of various size are scattered in the interspaces between them. The angles of the mouth are fissured, and the excoriations covered with brownish-yellow crusts.

180. Plaster cast of the same subject.

181. Wax cast of the nape of the neck and upper part of the back of the same patient. There were about fifty tubercles dispersed over this region, the greater part being isolated; they were larger than those on the face, the breadth of the greater number being five lines, while one measured more than half an inch, and the greatest prominence did not exceed three quarters of a line. Here and there a pair of tubercles may be seen to touch by their periphery and occasionally to coalesce. Some are tumid and smooth, on others the epidermis is wrinkled, and in others again desquamation has taken place, more or less completely; in the latter case the area is smooth and its periphery bordered by an abrupt edge or frill of epidermis. Numerous papulæ are dispersed in the interspaces of the tubercles. The eruption in this patient was most abundant on the face and back, and, with the exception of the arms, was confined to those regions; it appeared gradually, without other symptoms than discoloration of the skin and great prostration of strength and spirits. A month after its first outbreak she was seized with sore throat, tonsillitis, and painful swelling of the salivary and lymphatic glands.
182. Plaster cast of the same subject.
183. Model of the back and shoulders, showing syphilitic tubercles interspersed with puncta, papulæ, and erythematous spots dispersed over the whole surface. The size of the majority of the tubercles is five lines; they are of the lentiform kind, very slightly raised, some smooth and unbroken, others desquamated and encircled by a white frill of loosened cuticle, and a very considerable number in the state of superficial ulceration, the area of the ulcer being yellowish and surrounded by a prominent border. On this model may be studied the progressive stages of papulation, from mere puncta onwards to ulceration, and the form of affection must be taken as a transitional stage between tubercle and ulcer. The case is termed by Guibout "syphilide ulcereuse plate." *Baretta.*
184. Model of the right leg in a state of venous congestion, with large, flat, syphilitic papulæ and tubercles congested with venous blood, purple in

colour, and presenting a turgid appearance. Near the lower part of the model are four papulæ ranging in size between one line and four, while in front of the tibia one of these flat tubercles is upwards of an inch in diameter; and towards the calf is a circular tumid tubercle nearly an inch and a half in breadth, and nodulated on the surface by six minor tubercles. The tubercles bear evidence of having undergone desquamation, as seen by the narrow edge of loosened cuticle which surrounds their base; and two of the tubercles, situated in front of the tibia, have vesicated and burst, exposing to view a deep-red pulpy surface partly encrusted with dried blood around its circumference. The congestion of the superficial veins and of the capillaries of the skin, merits the close observation of the student. The case is named by Lailier "syphilide papuleuse hemorrhagique."
Baretta.

185. Model of the male pudendal region, showing the prominent and soft syphilitic tubercles which are termed "mucous tubercles," and by the French "plaques muqueuses." Two clusters of these tubercles are seen on the inner side of the thighs, ranging in size between a quarter and half an inch in diameter, the larger ones manifesting superficial ulceration on the surface. Other tubercles of smaller dimensions are seen in the groins and on the scrotum. There is evidence of inflammation of the penis, especially of the glans, and also of slight enlargement of the inguinal glands. The brown stain characteristic of syphilis, and left by the fading of a tubercle, is well shown on the abdomen. The patient was under the care of Lailier.
Baretta.

186. Water-colour study of tubercles of chronic syphilis developed on the forehead. The eruption presents an erythematous blotch of considerable magnitude, studded with six tubercles and two isolated tubercles. The colour of the eruption is characteristic—a bright brick-dust red. *Bagg.*

187. Water-colour study of tubercles of chronic syphilis on the cheek and on the neck behind the ear. There was no other eruption on any part of the body.
Bagg.

188. Plaster cast of the lower part of the face of a hospital nurse, showing a tubercular blotch of chronic syphilis on the chin, and two similar tubercles on the edge of the lower lip.
189. Wax cast of part of the face of a woman, aged 42, showing a thickened and nodulated patch of chronic dermatosyphilis, involving the nose and neighbouring part of the cheek; the border of the ala nasi is notched by ulceration.
190. Plaster cast of the same case.
191. Wax cast of part of the face, showing deep cicatrices on the cheek and nose left by chronic tubercular syphilis, together with the remains of several tubercles on the nose. The eruption commenced in front of the right ear and gradually travelled across the cheek. The patient had no other symptom of syphilis.
192. Plaster cast of the same; the deep cicatricial pits are more striking than in the wax cast.
193. Water-colour study of a face deeply pitted over the whole surface by chronic syphilitic tubercles; a cluster of these tubercles is seen on the left cheek, and a smaller cluster on the forehead. *Bagg.*
194. Water-colour study of a large papular blotch of syphilis bounded by a prominent border, consisting of papulæ more or less blended, the papulæ of the circumference being covered with broken fragments of thickened epidermis. In front is seen part of the peripheral border of another circumscribed blotch, and between the blotches, and around the circumference of the larger one, are several isolated papules. The patient, a woman, 33 years of age, had been married ten years; she had one child nine years old, and miscarried two years later, the miscarriage being succeeded by metritis. Three years subsequently to the miscarriage a patch of eruption similar to that on the shoulder appeared on the sacrum and went away spontaneously, and the present eruption showed

itself first six months ago. She never had any affection of the external genital organs, no sore throat, and no neuralgia. *Bagg.*

195. Plaster cast of the hip, showing a large blotch bounded by an uneven and broken border consisting of segments of papular rings. The area of the blotch is marked by prominent follicles, isolated papules, and depressions indicating the seat of papules which have subsided; and the size of the blotch is nearly six inches by upwards of four. The patient was a young man, aged 26. At twenty-one he had a small chancre and blind bubo; he was treated in a naval hospital, and got well in seven weeks, on low diet and without mercury. Five years elapsed before any constitutional symptoms appeared; he has never had sore throat or neuralgia, but he has three patches of cutaneous syphilis, one on each hip and one on the arm, and these patches have been in existence for seven months.
196. Plaster cast, showing a large elliptical patch of chronic tubercular syphilis stretching transversely across the upper part of the buttocks. The centre of the patch is rugged and wrinkled, and marked in several places by deep pits, while the tubercles indicating the active stage of the disease are chiefly congregated around the circumference of the patch, and especially on its left wing. The separate tubercles measure in diameter a quarter of an inch, and are collected into little groups of four or five, which form prominent clusters.
197. Coloured lithograph of the abdomen, illustrating *dermatosyphilis papulosa corymbosa*. The eruption made its appearance five months after a contagion that gave rise to a mild sore, which healed under simple ointment without mercury. The case was remarkable for the persistence of the eruption for more than a year, probably in consequence of the inability of the patient to take proper doses of iodide of potassium, and was uninfluenced by a mild mercurial course, which made his gums tender, and was directed against an intercurrent iritis. The small papulæ, together with the interspersed large papulæ and the corymbous groups, are well shown. One of the series of "Portraits of Diseases of the Skin."

198. Water-colour study of the above case, to illustrate colour and mode of grouping of the papulæ. *Bagg.*
199. Plaster cast of the abdomen, showing size and distribution of the papulæ in the corymbose form of papular syphilis.
200. Plaster cast of the breast of the patient from whom casts 171 and 172 were taken: this cast exhibits smaller and larger papulæ, and a tendency on the part of the papulæ to become aggregated into small clusters or corymbi, the corymbi ranging in size between a quarter of an inch and half an inch in diameter.
201. Coloured lithograph of the arm, exhibiting a well-marked example of *corymbous papular syphilis*. The papulæ are usually larger on the limbs than on the trunk of the body, and the clusters more isolated and distinct; moreover in the present case the papulæ composing a corymbus are united by an erythematous and slightly elevated and wrinkled base. The number of papulæ in each cluster ranges between three and thirty, the more common number being ten or twelve. The eruption is represented at its height, but at a later period the papulæ with their erythematous base desquamated and some of the larger papulæ became capped with sero-purulent fluid, which dried up into a scab of moderate thickness. It made its appearance while the patient was under the influence of mercury, and was apparently due to exposure to cold when pursuing a mercurial treatment. One of the series of "Portraits of Diseases of the Skin."
202. Plaster cast of the same case.
203. Coloured lithograph of the face, showing *dermatosyphilis papulosa circinata*. The rings have an average diameter of half an inch, their boundary is narrow and prominent, the area yellowish and faded, while in the centre of several may be seen a vestige of the original follicular punctum by which the eruption was evolved. The primary disease was a superficial sore, which was healed by local applications and plummer's pills in three

weeks; a week later the exanthem on the skin made its appearance, the rings were developed successively, and the eruption was in the state shown in the lithograph at the end of three months from its first outbreak. One of the series of "Portraits of Diseases of the Skin."

204. Water-colour study of the same case. *Bagg.*
205. Model of the face and neck of a young woman, 19 years of age, a patient of M. Guibout, who designates the affection "syphilide circinée." The model presents a good example of the circinate form of papular syphilis; the rings are small, ranging between a quarter of an inch and half an inch in diameter, while around their circumference are scattered a few isolated papules and several erythematous spots. The eruption is centered chiefly on the forehead, at the root of the nose, around the nares and mouth, and upon the chin where the rings are coherent. The treatment pursued in this case consisted of one pill of the protioduret of mercury daily. *Baretta.*
206. Model of the back, showing annulate clusters of papular syphilis (*syphilis en groupe*) of Guibout. About fifteen annular clusters, with numerous isolated papulæ, are scattered over the surface, the size of the separate papulæ being two lines and that of the rings about half an inch. In several places two or more rings are united together, while on the tip of the shoulder is a broad patch in which the original primary rings are hardly appreciable. The greater part of the papulæ are in a state of desquamation. *Baretta.*
207. Plaster cast of the shoulder, showing an extensive patch composed of large papulæ and papular rings, with numerous smaller patches and several isolated rings, the size of the separate rings being six or seven lines in diameter, and that of the large papulæ two lines.
208. Coloured lithograph, showing papular and tubercular syphilis on the face and neck. The papulæ are soft and but little elevated, and assume the circinate or annular type. In certain situations the papulæ affect the

bulk of tubercles, and on the forehead they are united by an erythematous and infiltrated base, and form a broad tubercular and prominent blotch that suggests the characteristics of *elephantiasis tuberosa*. The patient was a man, aged 50; at twenty-two he had a hard chancre with suppurating bubo, both of which healed in three weeks; these were not followed by secondary symptoms. Twenty-eight years later he had occasional suspicious connexion, but no local disease, and six or eight weeks after the last of these connexions he was exposed to cold, and suffered in consequence a severe febrile attack, and at the height of the febrile attack the whole body became suffused with an exanthematous eruption resembling roseola. The exanthem persisted for five months, in spite of treatment, and at the end of that period was roused into activity by a hot bath; then the eruption assumed the papulous character, and appeared for the first time on the face. One of the series of "Portraits of Diseases of the Skin."

209. Water-colour study of the same subject. *Bagg.*
210. Plaster cast of the back of the shoulder of the same patient, showing large soft papulæ, some isolated, others grouped into clusters, and others forming papulated rings; the size of separate papulæ is two lines, and that of the rings about one inch in diameter.
211. Plaster cast of the arm and forearm, its outer side; the skin is closely studded over with a similar eruption. From the same patient.
212. Plaster cast of part of the face of the same patient; an oval-shaped, nodulated disk is seen near the angle of the mouth.
213. Plaster cast of the forehead and root of the nose of the same patient; the eruption forms a large, irregular, nodulated blotch, and bears some resemblance to the tuberculated forehead of *elephantiasis tuberosa*.
214. Water-colour study of the larger papulæ and tubercula of syphilis. In the upper part of the figure the papulæ are arranged in small clusters

and circles; lower down, and at the sides, the papulæ have reached the size which is recognized as that of a "tubercle," and some of the tubercles have undergone desquamation and are encircled at the base by a jagged frill of loosened cuticle. The remainder of the figure is devoted to the serpiginous forms of tuberculous growth, which have been improperly named "lepra;" some are simple prominent disks with a raised and nodulated border; some grow by the circumference and retain the original tubercle in the middle of the area, where it forms a kind of boss in the centre of a shield; in some the area is smooth, although altered in texture and colour; in others it is papulated; while the large blotch in the middle of the figure has its border coated over with broken fragments of thickened cuticle in a state of desquamation. *Bagg.*

215. Plaster cast of a portion of the hip, showing two discoidal rings, measuring, one an inch and a quarter, the other an inch and a half in diameter; the smaller disk presents in the centre a prominent tubercular boss; in the larger the centre of the area is tumid but less prominent.
216. Plaster cast of part of the thigh of the same patient, showing circular disks of various size but of less dimensions, the smallest measuring scarcely half an inch, and the largest nearly an inch and a half in longest diameter; the smallest of the disks is flat, while the larger ones exhibit a central tubercular prominence.
217. Plaster cast of the penis of the same patient, showing two annular disks measuring three quarters of an inch and one inch in diameter; the former is flat and erythematous, the latter presents a tubercular prominence in the centre.
218. Wax cast of the side of the neck of a young woman, aged 20. The eruption consists of seven patches, some being papulæ, but the greater number annular disks, and ranging in size between two lines and ten lines; one of the larger patches is a simple ring with a border measuring little more than a line in breadth; the other annular disks have each a tubercular centre.

219. Plaster cast of the same subject.
220. Wax cast of the back of the neck of the same patient; the eruption is chiefly papular; quite at the upper part is a flat tubercle measuring a quarter of an inch in diameter, and near it a prominent ring with a tubercular centre.
221. Plaster cast of the same.
222. Wax cast of the upper part of the shin of the same patient, showing three flat tubercles and one large tubercle in a state of suppuration and commencing incrustation. The latter tubercle in this instance is passing into an ulcerative form.
223. Plaster cast of the same.
The patient in this case suffered from gonorrhœa at the age of seventeen; at twenty she miscarried, and after her miscarriage became aware of the presence of a sore on the vulva, which soon healed. A month following her miscarriage the eruption appeared for the first time on her skin, and a month later she had sore throat. The eruption had been in existence for two months at the time of making the casts.
224. Water-colour study of syphilitic papules, pustules, and tubercles, with especial reference to colour and structure. The upper figure to the left represents simple papulæ and the brown stains left behind them at their decline. The figure below it exhibits papulæ which have suppurated and become encrusted at the summit, constituting closely adherent scabs. The upper figure to the right shows syphilitic tubercles, some of which have suppurated in the centre; and the lower figure on the same side was drawn from the tubercles on the shin of No. 222. The brown-red tint of these tubercles is characteristic; one of the tubercles has peeled at the summit, and is encircled by a white frill of loosened cuticle, and the other is the state of incrustation. *Bagg.*
225. Water-colour drawing of a female head, showing a solitary circle on the side of the face in the stage of dispersion. *Bagg.*

226. *DERMATOSYPHILIS PUSTULOSA ET ULCEROSA*. Coloured lithograph of the forearm, showing a pustular syphilitic eruption. The distribution of the pustules has a corymbose character, and the eruption presents the progressive stages of papule with pustular summit, fully developed pustule, and encrustation with a deep brown scab. In their mature form, and especially in their incrustated stage, the pustules are surrounded with a slightly inflammatory areola. The patient was a young man, aged 18, of strumous diathesis, subject to enlarged lymphatic glands, and exposed to vicissitudes of temperature. And the order of succession of the disease was as follows:—In October a chancre, eight weeks after a pustular eruption, with periosteal swellings; a month later sore throat with tonsillitis; six weeks after this, a second eruption of pustules; and three weeks afterwards a third and partial pustular eruption.
227. Plaster cast of the forearm of the same patient.
228. Model of the forearm, exhibiting a pustular form of syphilis in a retrogressive stage. The surface is sprinkled over with papulæ in various stages of decline, and with a group of thick brownish-yellow scabs; the largest of the scabs measures nearly half an inch in diameter, and a denuded tubercle one-third of an inch. The patient was under the care of Hillairet, who terms the affection “psoriasis syphilitique.” *Baretta*.
229. Model of the hip and upper part of the thigh affected with that form of ulcerative and incrustated syphilis termed “rupia.” Hillairet calls it “rupia syphilitique.” The model represents seventeen rupial crusts, of dark brown colour, circular, and surrounded by an inflamed and raised border. The crust has a central boss and prominent margin and resembles an ancient shield. Over the ilium is a cluster of five of the largest crusts, measuring one inch in diameter, and the largest of all nearly an inch and a half; over the trochanter are also two large crusts, but the rest, five on the podex and seven on the thigh, are smaller, their diameter being about half an inch. *Baretta*.
230. Coloured lithograph, exhibiting a remarkable and characteristic example

of *rupia prominens*, the limpet-shell rupia. The patient was a young man, aged 20; he had been in a state of debility from accidental immersion in water in the month of January; and in the December following, while yet feeble, became affected with chancre and bubo. The chancre healed quickly, but the bubo suppurated and kept him in bed for nine weeks, and two weeks after taking to bed he had sore throat. Six weeks after contagion an eruption appeared on his face, chiefly on the side exposed to the draught from a window, the eruption consisting of large and but slightly prominent pimples, which became pustular at the summit in the course of a few days, and shortly afterwards dried into crusts. In March he had a second and more severe attack of sore throat, with pains in his limbs, and at this time, namely, three months after contagion, the eruption presented the appearance seen in the Plate. On the forehead and eyebrows there were no less than seventeen crusts, of which fourteen occupied the left side; on the nose there were nine, on the rest of the face twenty-seven, and fifteen on the scalp, making a total for the head of sixty-eight. There were but few on the rest of the body, none on the front of the trunk, two small ones on the back, one of considerable size on the left upperarm, six on the left leg, but none on the limbs of the right side. The elevation of some of the crusts was three-quarters of an inch, while the largest of the crusts, one situated on the thigh, measured two inches in diameter. One of the series of "Portraits of Diseases of the Skin."

231. Study in pencil and water-colour of the same case. The figure in pencil under the principal drawing represents the form of the large flat crust, two inches in diameter, which was situated on the thigh; while the water-colour drawing illustrates the progressive development of the pustule, and the formation of the two kinds of crust, namely, the flat wrinkled crust which has been compared to an oyster-shell and the conical limpet-shell crust. The artist's notes as to the proper colours to produce the effects he requires may be deciphered on the border of the latter drawing, as also the name of the patient, who was an inmate of Stafford's Ward, Middlesex Hospital. *Bagg.*

232. Plaster cast of the right cheek of the same patient, showing scattered pustules and progressive crusts, at the angle of the jaw a conical crust, and in front of the ear a crust thicker below than above in consequence of the gravitation of the pus imprisoned by the enclosing pellicle of epidermis.
233. Water-colour study of the conical crust of *rupia prominens*, and of an *ulcer* at the bend of the elbow, from which one of the flat crusts has been removed. The conical crust was projected from the eyebrow, and an inflamed and raw edge is seen at its base. The special peculiarities of the ulcer are its asthenic character, together with the paleness and thinness and somewhat lividity of its edges, whilst exteriorly to the edge the skin is congested. The surface of the ulcer is uneven, free from pus, and exudes a serous fluid. The patient was a man, 29 years of age; he had suffered from a syphilitic sore, which soon healed, and without secondary sequelæ. Eighteen months later, a rupial pustule, followed by an ulcer, appeared on the front of the chest; soon after another rupial sore showed itself on his arm, and a few weeks subsequently the *rupia prominens*, exhibited in the drawing and casts, was developed on the eyebrow. He had been tormented with the rupial affection for six months, at the time of making the drawing. *Bagg.*
234. Wax cast of the above case.
235. Plaster cast of the same case.
236. Conical crust filled with dried pus, removed from the eyebrow of the same patient.
237. Wax cast of the rupial ulcer from the bend of the elbow of the same patient.
238. Plaster cast of the same ulcer.
239. Model of the leg, showing on its outer side a cluster of superficial ulcers united by an erythematous base, together with numerous scattered

pustules, ulcers, and purple stains, the latter marking the seat of cicatrices. The pustules are covered with thick black crusts, and the ulcers, which range in size between half an inch and an inch and a half, are circular in figure, smooth and uneven in surface, and surrounded by a prominent black border with an inflamed areola beyond; these characters being such as belong to *syphilitic rupia*. Hardy, however, designates the case "ecthyma syphilitique." The patient was a man, aged 60; at the age of 30 he had a chancre without sequelæ, and the present eruption made its appearance quite recently, beginning with papulæ, on the arms and legs. The eruption was cured in seven weeks with the iodide of potassium, but it recurred no less than four times subsequently, always yielding to the same treatment. *Baretta.*

240. Water-colour study of *chronic ulcerative syphilis*; the disease occupies the side of the knee, and is partly cicatricial and partly ulcerative, the ulcers being coated over with thick black crusts, from beneath one of which is seen exuding a drop of sanguineous fluid. The cicatricial portion of the patch is depressed into shallow pits corresponding with preexisting ulcers, is extensively foveolated, and is discoloured by the deep red-brown or copper colour characteristic of syphilis. The pigmented cicatrices of two healed ulcers are seen a little lower down the leg. The patient was a gentleman, 29 years of age; at the age of twenty-three he had a hard chancre, which healed in a fortnight. Three months afterwards he suffered from general papular eruption of the corymbous type, and the eruption lingered for three months. One year later a flat tubercle appeared on the calf of the leg; it suppurated and ulcerated, and healed in two months. After an interval of a second year a similar tubercle, followed by an ulcer, showed itself on the calf of the opposite leg; this also lasted for two months; and a year and a half subsequently the existing disease commenced as a small tubercle, and has been creeping slowly onwards for twelve months. He never experienced any affection of the mucous membrane, bones, or nerves, as evinced by the absence of sore throat, nodes, and neuralgia.

241. Coloured photograph of a leg, showing the emaciation and discoloration of skin of *syphilitic cachexia*, together with *pigmented cicatrices* left by the healing-up of syphilitic ulcers.
242. Water-colour study of several forms of syphilis, *e. g.* syphilitic *erythema* of the palm of the hand, *desquamating flat tubercles* of the tongue, *common rupia*, and *rupia prominens*. The uppermost of the figures is a reproduction of No. 240. The drawing of *rupia prominens* is derived from the case mentioned in the description of No. 233. The flat tubercles of the tongue with desquamation of the epithelium have a further illustration in No. 263; while the two lower figures represent desquamating syphilitic erythema of the palm of the hand, the one a dispersed, the other a circinate form of the eruption (*vide* Nos. 164, 165, 166).
243. DERMATOSYPHILIS ONYCHODES. Model of a hand, showing *syphilitic onychia*; several of the matrices unguium are in a state of ulceration, and the nails partially detached. The patient was a man, 24 years of age, and under the care of Lailier, who terms the affection "onyxis syphilitique;" three months previously to his admission into hospital he had contracted chancre, of which the ulceration of the matrices of the nails was a consequence. *Baretta.*
244. Model of the face, showing numerous prominent circles and segments of circles distributed upon the forehead, the cheeks, and the chin. The eruption consists of *circinate ulcers* covered by a thick crust of a reddish-amber colour, while at the commissure of the mouth is a protuberant mucous tubercle. The average diameter of the circles is half an inch, the largest measuring three-quarters of an inch; they are for the most part incomplete, and the case must be regarded as one of superficial ulceration occurring in the form of rings. The patient was a man, 39 years of age; in the month of September he contracted chancre, which healed in a fortnight; in October he was attacked with a papular eruption, and towards the end of December was admitted into hospital with the state of skin seen in the model, and discharged cured at about

the middle of April. The student should compare this case with Nos. 203-205, in which the eruption is simply erythematous and papulous without ulceration. Hillairet gives the same name to the present form of syphilis, namely, "syphilide circinée," as that assigned by Guibout to No. 205. The student's attention is also drawn to the *comedones* on the nose and upper part of the cheeks; and to the *sebaceous tubercles* a little external to and below the outer angle of the eyelids. *Baretta.*

245. Model of the arm covered with a circinate form of rupia, which may be termed *rupia circinata*, but which is named by Lailier "syphilide maligne pustulo-crustacée." The eruption occurs in the form of rings, some isolated, and some confluent, the average size of the rings being somewhat more than an inch, and the ring composed of an inflamed and prominent border, surmounted by thick crusts varying in colour from pale amber to deep brown, and generally six or eight in number. The majority of the rings are confluent, and blended into large, irregular, map-like patches, several inches in extent, one of the patches, for example, occupying the greater part of the fore-arm, and another a considerable portion of the upper-arm. The area of the rings and confluent patches is purplish red in colour, with here and there the white and livid tints of a cicatrix, and the confluent structure of the patches is shown by the presence within the area, of broken segments of rings and separate crusts; while here and there, where the crusts have been rubbed off, are superficial ulcerations. A few of the healed rings, as on the back of the hand, are distinguished by brown-red and livid-red stains. The patient, a man aged 32, had suffered from a sore on the glans penis seven months before the eruption appeared, and the latter showed itself by successive steps, beginning on the arm, and in the course of a month extending to the greater portion of the body, the parts most severely affected being the arms, the face, and chest, and it has existed in the present form for a period of six months. The sore was accompanied with enlargement of the inguinal glands, and healed in two months without other treatment than vinegar and sugar; and he had

taken no medicine up to the time of his admission into hospital, when the eruption was fully developed. Latterly he had suffered from ulceration of the throat, he had lost his appetite, was much debilitated, was troubled with cough, and had pains in the head. Contrary to the habit of syphilitic eruptions in general, this one was attended with considerable pruritus, particularly at night. *Baretta.*

246. Water-colour study of a circinate form of dermatosyphilis with superficial ulceration of its peripheral border, *dermatosyphilis ulcerosa circinata* seu *serpiginosa*. The eruption presents a peculiar distribution around the base of the neck, a large circle on either side, and a ring of considerable dimensions and nearly circular in figure, upon the sternum, with other less complete and broken rings assuming a gyrate configuration upon the waist. The pathology of the circles is—a prominent border partly coated with scale-like fragments of epidermis, and partly with thin crusts of desiccated secretion overlying superficial ulceration. The periphery of the circles is scalloped from the operation of separate centres of growth, and the area of the larger circles is studded with numerous tubercles, some covered with a thick epidermic scale, and others with a thin exudative crust. The patient was a man, 42 years of age; at twenty-one he suffered from gonorrhœa and a superficial venereal sore, which healed in six weeks; two years afterwards he had a similar attack, accompanied with bubo; and four years later, namely, at the age of twenty-seven, a third attack of a similar kind, which got well in two months. Some weeks after the latter event he suffered from erythematous dermatosyphilis, and for the fifteen years following has experienced successive recurrences of dermatosyphilis. For the first eight years the eruption was non-elevated; during the succeeding six years it was elevated and accompanied with desquamation; and for the last two years has been serpiginous and superficially ulcerated. In the early periods the eruption of the skin was attended with sore throat, then there were aphthæ of the tongue, together with neuralgia; but for some years past the sole symptom has been the cutaneous affection, the constitutional disorder becoming simply local. *Bagg.*

247. Coloured lithograph of the same case. One of the series of "Portraits of Diseases of the Skin."
248. Water-colour study of *dermatosyphilis ulcerosa serpiginosa* of the lower lip and part of the cheek. The ulcer presents one of the common characters of syphilis, namely, serpiginous growth, creeping onwards by the peripheral border, while it heals on the opposite side, and so giving rise to a sore of a "horseshoe" figure. It is in part covered by a thick crust, but is open at the extremities; its foregone progress is shown by the retiform cicatrix on the lip, the nose, and opposite cheek, while a pustule, indicating the mode of origin of the ulcer, is seen beneath the orbit. The patient was 25 years of age, and had borne four children; she suffered from something which was called inflammation of the womb after the birth of each of the first two, and three months after her second confinement a papule appeared on her left cheek, and by degrees became converted into an elongated and curved ulcer. Some months later the disease began in a similar manner on the right side of the mouth, and had gone on for six months when the drawing was taken, making the whole duration of the disease from the commencement somewhat more than two years. *Bagg.*
249. Water-colour study of the left side of the face of the same patient, showing the deeply-marked retiform cicatrix left by the syphilitic ulcer on the nose and upper lip and adjacent part of the cheek. *Bagg.*
250. Coloured lithograph of the right side of the face of the same patient. One of the series of "Portraits of Diseases of the Skin."
251. Coloured lithograph of the left side of the face of the same patient. One of the series of "Portraits of Diseases of the Skin."
252. Model of a face, showing chronic ulcerative syphilis (*dermatosyphilis ulcerosa*), affecting the upper lip, the nose, and neighbouring parts of the face. The patient was a woman, aged 52, under the care of Guerin; the disease had been in existence for four years; it began as a papule,

near the inner angle of the right eye, and spread by degrees to its present extent. The most striking pathological feature of the affection is the very considerable swelling, or hypertrophy, of the upper lip. A large crust is seen on the left ala nasi, and smaller crusts on the right ala, the bridge of the nose, and upper lip; a fresh tubercle may be observed on the right cheek and numerous cicatrices throughout the morbid surface, together with a number of hypertrophic venules. The previous history of the patient afforded no explanation of foregone syphilis, and no trace of that disease could be detected elsewhere, with the exception, perhaps, of some degree of contraction of the fauces, and a tumour, probably a syphiloma (*tumor gummatous*), in the left sternomastoid muscle. *Baretta.*

253. Water-colour study of *chronic ulcerative dermatosyphilis* of the face. The patient was 40 years of age, and had been suffering under this disease for many months; his nose was swollen and inflamed, the swelling and redness extending upwards to the eyes, and, on the right side, involving the inner canthus and superior lid, outwards upon the cheeks, and downwards to the middle of the upper lip. The mucous membrane was equally swollen, and caused a partial obstruction of the nostrils. Around the base of the nose was an extensive superficial ulceration, coated by a thick scab, and on the right cheek were several tubercular risings, having the characteristic colour of syphilitic tubercles. *Bagg.*
254. Water-colour study of the same case, on the nineteenth day of treatment by a modification of the Zittmann method. The nose had recovered its natural dimensions, the ulceration was healed, the crusts were gone, and nothing remained of the disease but the discoloration and a patch of small tubercles situated in the angle between the nose and left cheek, together with a small group of cicatrices on the right cheek *Bagg.*
255. Water-colour study of the hand and part of the arm, showing *chronic ulcerative syphilis*, together with serious deformity consequent upon contraction of integument and tendons. The patient was a woman, aged 35, married fourteen years; three years after marriage she suffered from

gonorrhœa and buboes; this attack was followed by sore throat and neuralgia, and the two latter symptoms have tormented her more or less ever since. Eight years subsequently to the primary disease an abscess made its appearance on the back of the hand; the abscess was opened and became an extensive and obstinate ulcer, and some time after, other sores formed over the joints of the fingers and wrist, and over the muscular part of the arms; the ulcers, by unilateral serpiginous growth, assumed the "horseshoe" figure, they sank deeply into the subjacent tissues, and the morbid process had been in constant operation for three years at the time the drawing was made. During her fourteen years of married life she had been tormented with this disease for eleven years, and of nine children to which she had given birth, seven were born prematurely and one only survived.

Bagg.

256. Plaster cast of the back of the thigh, showing *chronic ulcerative syphilis*. The ulcers vary in figure; some are circular and others of the "horseshoe" type, whilst the intervening skin is pitted and uneven from the presence of cicatrices. The cast was made and presented by Professor Boeck, of Christiania, and is interesting to dermatologists and syphilologists as being an example of the "Radesyge" of Norway.
257. SYPHILIS OF THE TONGUE. Model, showing patches of tubercular thickening of the surface of the tongue, with a prominent ulcer surrounded by a projecting border at the tip of the organ. There is also a small papulous growth at the commissures of the mouth, and a crop of erythematous spots of a syphilitic character dispersed upon the face. Hardy terms the case "plaques muqueuses végétantes." The patient was a woman, 54 years of age, and the disease yielded rapidly to the iodide of potassium and local cauterization with nitrate of silver.
- Baretta.*
258. Model, showing *syphilitic ulceration of the tongue*. The patient, at the age of seventeen, became the subject of gonorrhœa, which lasted for three months, and gave rise to abscess of the prepuce. At twenty-three he had a second gonorrhœa, with vegetations in the fossa glandis; he took copaiba balsam largely, and was attacked with erythema copaibicum,

the blotches ranging in size between half an inch and upwards of an inch in diameter. Their colour was bright rose, there was no pruritus, and they lasted for a month. The gonorrhœa remained obstinate, and only gave way at the end of five or six months, and after a mild mercurial course, which produced slight mercurial stomatitis. Subsequently he had three or four attacks of gonorrhœa, but never chancre. Three years and a half back, namely, in 1866, he observed on the tip of the tongue a pimple, which ulcerated superficially, and the ulceration has spread gradually to its present extent. In February 1870, Lailier describes the state of the organ as follows:—The tongue is swollen, nodulated, and indented by the teeth at the edges, the ulceration occupies its anterior part, where may be seen small ulcers of irregular figure, running together here and there so as to form a kind of network, the area of the network presenting either sound membrane or redness with superficial abrasion. The ulcers are superficial, red in the centre, and bordered by a greenish-yellow margin. There is great tenderness, much pain at night, and occasional extreme dryness both day and night. The rest of the mucous membrane of the mouth is unaffected, and there is no enlargement of neighbouring glands. At the time of the first outbreak of the ulceration the patient experienced an attack of eczema perinei, and still suffers occasionally from eczema of the grooves of flexion of that region.

Baretta.

259. Model, showing the tongue affected with *syphiloma*, together with a small superficial ulceration of the surface and another at the edge of its right lobe. The syphiloma is indicated by swelling of the lobes, and the case is termed by Hardy “gomme de la langue,” the gummata or gummatous tumour of syphilographers. The border of the tongue, at its under surface, is deeply indented by the teeth.

Baretta.

260. Model of a tongue, showing considerable enlargement, both in length and thickness, of its right lobe, from *syphiloma*. The tongue is red, and a morbid change is perceptible in the follicles which resemble small pustules, while towards the back part there exists evidence of superficial

ulceration. A papular eruption is scattered upon the cheeks, and one papule is seen on the ridge of the nose. The case is named by M. Broca "gomme tuberculeuse de la langue." *Baretta.*

261. Model, showing the tongue deeply grooved; there is no breach of surface of the mucous membrane and the borders of the clefts are tumid and prominent. Guibout terms the disease "psoriasis lingual," while Hardy regards it as of the nature of eczema. It presents every indication of being syphilitic, and the consequence of the absorption of a syphiloma. The patient, a shopman, was 42 years of age; he was treated with arsenic, nitrate of silver, and a gargle of chlorate of potash; this treatment was continued for nine weeks, but without any impression having been made on the disease. *Baretta.*

262. Model, showing disease of the surface of the tongue; the organ is contracted in shape, while the surface is mapped into lobules by ramifying grooves, milk-white in appearance, granular in texture, and devoid of its usual papillary character. A slight oblong ulceration existed at the tip, and there was some tenderness of the organ evinced on the taking of hot food. The whiteness of surface is due to a kind of hypertrophy of the epithelium, and a similar state of that layer, in a less degree, was seen on the mucous membrane near the angles of the mouth and also within the lower lip. The patient was a shoemaker, 69 years of age, formerly a soldier; the disease had been in existence three months, but he had sought advice for the first time three weeks previously to his admission into hospital. He suffered a good deal from dryness of the mouth and thirst, and attributed the affection to disorder of digestion and habitual constipation. The disease made its first appearance by white points, and no syphilitic history could be discovered beyond a gonorrhœa at the age of eighteen. A milky hypertrophy of the epithelium of the tongue is a not uncommon occurrence in syphilis, but it is not improbable that a similar affection may obtain independently of that disease. Lailier gives no sanction to the idea of syphilis, but terms the disorder "psoriasis buccal," and accordingly he put the patient on a treatment directed

against his symptoms of indigestion, with cauterizations of nitrate of silver, with no other result, however, than the removal of the local tenderness. The patient left the hospital after two months, with very little change in the character of the disease. *Baretta.*

263. Water-colour study of the tongue, showing a common form of syphilis of that organ. The disease presents itself in the form of oblong and polygonal patches of a deeper red than the rest of the mucous membrane, and denuded of epithelium. The surface of the patches is smooth, more or less prominent, and hard to the touch in consequence of interstitial thickening.
264. Water-colour study of chronic syphilis of the tongue; the surface is glazed, denuded of papillæ, seamed with deep grooves, and nodulated along the borders of the organ.
265. SYPHILIS OF THE UTERUS. Model of the os uteri in a state of follicular inflammation; both lips are altered in figure and nodulated; the immediate circumference of the os tinçæ is red and superficially ulcerated. To the left of the anterior lip is a large pustule surrounded with a patch of redness and several smaller pustules; and the posterior lip is dotted over with hyperæmic spots and minute flat pustules, the pus occupying individual follicles. The patient was a fringe maker, 37 years of age; she had been exposed to contagion a few months previously to admission into hospital, and had been attacked during the previous three weeks with superficial ulceration of the nipple, and more recently with papular syphilis. It was observed that, in twenty-four hours after the first examination, the large pustule had become an ecchymosed ulcer, and two new pustules, with a purplish papule, had become developed on the anterior lip. *Baretta.*
266. Drawings to illustrate *syphiloma of the hair*, or *tricho-syphilis*. The hairs, normally of a red colour, were swollen from point to point, presenting a varicose appearance, the varicose portions being black in colour and brittle, sometimes breaking through in the course of combing, and some-

times splitting longitudinally. Under the microscope the hair was found to consist of medulla and cuticle, the fibrous layer being absent, or so far attenuated as to be scarcely appreciable. The actual pathological state of the diseased portions of the hair was an arrest of development at the cell-stage, an accumulation of pigment, and probably a hyperplasia of the cell-structure. The patient, aged 26, lost his hair after syphilis, and when reproduced the hair of the beard presented the characters already described.

GROUP VIII. ELEPHANTOUS AFFECTIONS.

ELEPHANTIASIS:—the great leprosy; elephantiasis Græcorum; lepra of the German and French schools.

267. Photograph of a lad 16 years of age, showing *elephantiasis tuberosa*, or tubercular leprosy; the face is somewhat puffed, and studded with an eruption of small tubercles, which are most abundant on the forehead and around the chin. In the midst of numerous large papulæ are seen scattered a few prominent tubercles of considerable size. The hand is cedematous, destroying its correct outline; the first metacarpal space is hollowed in consequence of atrophy of the muscles of the thumb, and a thick cluster of tubercles is seen on the back of the forearm. The patient was born in Ceylon, of European parents, and was sent to England for his education at the age of nine; the disease showed its first symptoms at the age of eleven, and he died at eighteen.
268. Photograph of a boy, 18 years of age, affected with *elephantiasis tuberosa*. The features present a gloomy expression, the face is nodulated with tubercles, which are most abundant on the forehead and chin, the superciliary ridge is rugous and tubercular, and the eyebrows almost

bald. Tubercles are also seen on the integument of the chest and arms, and tubercular blotches on the back of the left forearm. The hands are œdematous, the wrists swollen, the fingers of the right hand tuberculated, and the metacarpal spaces of the left hand hollowed, the latter in consequence of atrophy of muscles. The patient was born in Bombay, of European parents; the disease first showed itself at the age of seven; he was sent to England when nearly eighteen, and died two years afterwards. One of his brothers died of the same disease at the age of twenty-three.

269. Photograph of a young man, 18 years of age, affected with *tubercular elephantiasis*; the face is considerably deformed by an assemblage of tubercles, which are most remarkable and numerous on the forehead and on the chin. Several small tubercles are seen on the eyelids of the right side and several on the neck and arms. The right forearm and elbow are marked by an extensive tuberculated blotch, and the right hand is attenuated, while the hollow of the first metacarpal space, from atrophy of the muscles of the thumb, is very remarkable. He was born on the Malabar coast of Hindostan, of British parents, and was sent to Ireland for his education at the age of ten. The symptoms of the disease were made evident when he was thirteen, and have continued to progress until the present time.
270. Pair of small photographs of Nos. 267, 269, in which the characters of the disease are more sharply defined than in the larger ones. The puffed and somewhat bloated face and swelled hand of No. 267 are well shown; as also the attenuated figure, face deformed with large tubercles, and signs of atrophy of the muscles of the thumb of No. 269.
271. Pair of small photographs of No. 268. The melancholy expression of countenance, heavy, prominent, hairless eyebrows, attenuated arms, and swollen hands, are strikingly shown, as well as some enlargement and elongation of the lobule of the ear.

272. Photograph of a gentleman, aged 60, in the judicial service of India. He had resided in the East for upwards of twenty years, and at the time of sitting for the photograph the whole face, including forehead, cheeks, nose, lips, chin, and ears, was studded with opaque tegumentary tubercles of about the size of a split pea, a few being larger. There were also a number of maculæ dispersed over the limbs and some on the body. An expression of dulness and apathy pervades the countenance. He returned to India, and died of elephantiasis shortly after.

273. Four photographs of natives of Syria afflicted with *tubercular leprosy*.

The tubercular face and leonine expression of countenance of the upper figure on the left, the bald and nodulated eyebrows, the enlarged ear, and swollen hands are highly characteristic of the disease.

The upper figure on the right is an example of the ulcerative stage of the disease; the nose is flattened from ulceration within the nares, the fingers are shortened from loss of the bones of the phalanges, the feet are swollen and ulcerated, and there are large ulcers on the legs.

The female figure at the bottom exhibits a greater degree of deformity of the face, from ulceration of the tubercles and loss of the bones of the nares, and mutilation with distortion of the hands.

The male figure at the bottom is another illustration of deformity of feature caused by tubercular elephantiasis; the hands have suffered severely, there are deep ulcers on the legs and ankles, but the feet have escaped. *Presented by Thomas Rogers, Esq., British Consul at Cairo.*

274. Photograph of a Chinese suffering under *elephantiasis tuberosa*. Tubercles are seen upon the superciliary ridge, on the cheeks, the chin, and the ears. The disease is a common occurrence in China.

275. Cast in plaster of the forehead of a military officer, showing a succession of tubercles along the superciliary ridge, deep wrinkles with tubercular thickening of the integument, and a coarse and perforated state of the skin common to elephantiasis, and consequent upon dilatation of the mouths of hypertrophous follicles. The patient acquired the disease

in the West Indies; it commenced at the age of forty-five, and continued for eighteen years, terminating fatally from exhaustion, induced by prolonged dysentery.

276. Plaster cast of the ear of the same patient; the whole organ is augmented in bulk and thickness, and the lobule is nodulated and elongated.

277. Model of the face, exhibiting *tubercular leprosy* in one of its usual and characteristic forms; the countenance is sombre, the brow frowning and leonine, the eyebrows bald, the face nodulated by purplish-red tubercles and tumid with prominent blotches, and the nose sunken from the presence of ulceration within the nares. The patient was the child of French parents settled in Senegal, on the west coast of Africa, her father being the governor of a prison; she was nursed by a negress, and the disease made its first appearance at the age of eight years. At seventeen she is reported to be wanting in the development appropriate to her age; there was no trace of mammæ, she had no pubic hair, and the genital organs resembled those of a girl eight or ten years old; there was, however, no want of intelligence. She died two years later at the age of nineteen. *Baretta.*

278. Model of the face of a young girl affected with *tubercular elephantiasis*. The tubercles are smaller in size and less numerous than in the preceding case, but evince a greater aptitude for ulceration. Several of the tubercles are surmounted with conical crusts, especially upon the tip and alæ of the nose, the middle of the upper lip, and upon the right eyebrow and eyelid. The lips are enlarged, the border of the nares ulcerated, but the bones of the nose and deeper parts have as yet escaped destruction. *Baretta.*

279. Right hand and part of the forearm of the same patient. The fingers are swollen; crusts formed by the exudation of ulcers are seen upon the convexities of several of the joints, and similar crusts occupy the walls of the nails. The back of the hand and of the forearm is nodulated with small tubercles of a dull purplish-red colour. *Baretta.*

280. Model of the leg and foot of the same patient; the limb is attenuated, the skin marked with dull red maculæ, the foot is swollen, and the matrices of the nails are in a state of ulceration and covered with thin brown crusts. The maculæ on the leg and ankle have an average diameter of four or five lines. *Baretta.*
281. Water-colour study of the *pigmented maculæ of elephantiasis*. The patches have a reddish and brownish tint of colour, the affected integument is thick and coarse and greasy, and the apertures of the follicles are so large as to suggest the idea of the perforation of the surface by a multitude of openings. This appearance is well shown in the cast of the forehead, No. 275. The patient in the present case was a young man, aged 21, born in Jamaica, of European parents; the disease made its appearance when he was sixteen, and had existed upwards of four years at the time the drawing was made. *Bagg.*
282. ELEPHANTIASIS ANÆSTHETICA (anæsthetic leprosy). Photograph of a young man, aged 23, who was in the medical service of India. There is an absence of tubercles, but the skin is marked by a multitude of spots and patches of a yellowish-red colour. A large blotch of this kind is seen on the forehead, the conjunctivæ are suffused with redness, the hands are somewhat swollen, and the first metacarpal space deeply hollowed from atrophy of the muscles of the thumb. The patient was born in India, at Ferozepore, of European parents, and there is strong evidence that he acquired the disease by contagion. The disorder had been in existence for four years when the photograph was taken.
283. Pair of small photographs of the same patient, showing the front and back of his body. The œdematous state of the hands and the hollowness of the first metacarpal space occasioned by muscular atrophy, are well shown.

GROUP IX. LEPROUS AFFECTIONS.

LEPRA ALPHOS:—white and squamous leprosy; *lepra vulgaris* of Willan; *lepra alphos* of the Greeks; *psoriasis* of the French and German schools.

284. Model of the anterior part of the thigh and leg, exhibiting orbiculate blotches of *lepra vulgaris* surmounted by a thick white and silvery scale. The spots range in size between two lines and three inches in diameter, and are more or less completely circular. From the blotches immediately below the knee the scales have been shed, and are in course of reproduction; while in several of the smaller disks above the knee the scale is remarkable for its thickness. The student's attention is also drawn to the margin of redness which borders all the blotches. *Baretta*.
285. A large scale of *lepra vulgaris*, showing its white and silvery hue, together with its thickness, sponginess, and friability. In structure it is laminated, and smooth on the under aspect, which presents a mould of the surface from which it has been separated.
286. Coloured lithograph of the arm of a girl of fourteen, exhibiting blotches of a circular figure more or less complete, of various dimensions, and covered with white scales; a patch immediately above the bend of the elbow is cleared in the centre, indicating a retrograde stage, while on the back of the hand the larger patch is uneven and surrounded by papulæ, some of which measure only a line in diameter. On the back of the hand, moreover, is seen another, not uncommon, feature of the disease, namely, chaps or rhagades which penetrate the corium; and the nails are intersected by transverse grooves. One of the series of "Portraits of Diseases of the Skin."
287. Wax cast of the back of the arm and hand of the same patient.
288. Plaster cast of the same arm and hand; the papulæ on the fingers are well seen, as well as the transverse grooves of the nails.

289. Wax cast of the back of the right forearm and hand of the same patient. On the arm is seen a figure-of-8 blotch formed by the confluence of two of the patches, while the irregularity of distribution of the eruption on the back of the hand is strikingly manifested.
290. Plaster cast of the same arm, showing the figure and prominence of the blotches, and the form and size of their component papules or tubercles.
291. Water-colour study of two of the blotches of eruption of this patient, the lower and smaller of the two exhibiting the retrograde or retreating stage, spreading by the circumference and healing in the centre. *Bagg.*
292. Water-colour study of the back of the left hand of the same patient, showing the figure and composition of the patch of eruption, together with the chaps or rhagades which intersect its borders and tubercles. *Bagg.*
293. Water-colour study of the back of the arm, showing the distribution of the eruption upon the elbow and scattered over the rest of the limb. The patches are pretty uniformly circular in figure, and covered by thick white spongy scales; they are disseminated on the arm, but clustered at the elbow, the common character of the eruption in the latter situation; and between the disseminated patches are seen numerous pigmentary stains left by a previous attack of the disease. *Bagg.*
294. Water-colour study of a diffused form of the eruption *lepra diffusa*, *lepra inveterata*, coated with thick white and silvery scales, which by friction are dispersed in a shower of thin micaceous laminæ. The patient complained that the sheets of his bed were thickly strewn with these micaceous laminæ, that they were scattered in quantities upon the floor of his bedroom, and that they accumulated in abundance in his clothes. The red margin along the border of the blotches is obvious at several points, and the structure of the scale, consisting of elongated segments fissured transversely and longitudinally by the grooves of motion, is well shown. *Bagg.*

295. Coloured lithograph of the arm of the same patient. One of the series of "Portraits of Diseases of the Skin."
296. Photograph of the arm of a woman, showing the mode of distribution of the eruption, particularly in the region of the elbow. The patches are of the larger kind, and are confluent on the forearm.
Presented by Dr. Frodsham.
297. Plaster cast of the right leg of an adult male, showing a confluent form of distribution of the eruption below the knee.
298. Model of the hand, its palmar and dorsal aspect, showing *lepra vulgaris* in a somewhat unusual locality, namely, the palm of the hands. In this situation the eruption presents the diffused character with deep bleeding rhagades, while on the wrists and fingers it is guttate and papular. On the knuckles of the dorsum of the hand the patches are orbicular, and on the fingers guttate and papular, while two deep rhagades are seen on its ulnar border.
Baretta.
299. Model of the hand, showing *lepra* of its dorsal surface, and also *lepra* of the nails. One broad square-shaped patch occupies the whole of the back of the hand, from the wrist to within a short distance of the knuckles of the metacarpo-phalangeal articulations. Above the wrist are three or four small circular patches, the largest being a quarter of an inch in diameter. The nails are marked transversely and so deeply as to appear fissured. The patient was under the care of Bazin, who terms the affection "psoriasis des ongles;" he was 42 years of age, and this was his third attack of the eruption, which commenced eight years before.
Baretta.
300. Model of the back of the trunk, from the nape of the neck to the loins, showing *lepra vulgaris* in its retrograde or healing stage. The blotches are large, and in process of conversion into rings by subsidence of their area to the healthy state; they are surrounded by a red margin, and their border, which is broad, is covered with thick scales corresponding

with the papules or tubercles, which are the original element of the disease. Several of the blotches have become confluent, and form irregular map-like figures of considerable extent. Others, as on the shoulders, present broken rings, and the confluence of several such broken segments produces an irregularity of configuration which suggested to Guibout the name which he assigns to the case, namely, "psoriasis gyrata et circinata;" while between the blotches are to be seen small tubercles of about a quarter of an inch in diameter surmounted with a thick white scale, and representing the type of *lepra guttata*. At a few points of the circumference of the patches, where the eruption has been rubbed or injured, an oozing of blood has taken place. The patient was a young man, aged 24; and the scales were so thick and the eruption so extensive that progression and flexion of the limbs were seriously impeded. *Baretta.*

301. Water-colour study of *retrograde* or *healing lepra*, shown on the front of the trunk of the body. The process is further advanced than in the model 300, and the gyrated character of some of the segmentary borders is very striking. Some of the blotches look like splashes of a white substance, radiating from the centre to the circumference, while within the area are seen fragments of dispersing rings or individual papules. *Bagg.*
302. Coloured lithograph of the preceding case. One of the series of "Portraits of Diseases of the Skin."
303. Wax cast of the forearm, showing *lepra vulgaris* in its circinate and retrograde stage. With one exception, all the rings are broken.
304. Plaster cast of the same case.
305. Wax cast of a portion of the arm, showing *lepra vulgaris* in the stage of dispersion; the rings are nearly all broken up into their component tubercles.
306. Plaster cast of the same case.

307. Model of the forearm, showing large irregular segments of *declining lepra*, together with a papular form of the eruption on the palm of the hand and front of the wrist, and one or two guttate papulæ on the arm. The small papulæ in the palm of the hand, consisting of a red circular spot with white and prominent centre, and barely a line in diameter, afford a good illustration of the appearance of the eruption at its first outbreak. This case, like No. 301, is termed by Guibout "*psoriasis gyrata et circinata*." *Baretta.*
308. Plaster cast of the elbow and part of the forearm, showing several rings of *retreating lepra*; the rings are very little elevated, and have ceased to produce scales.
309. Water-colour study of *lepra* in its circinate form and in course of dispersion; the annuli as well as the areæ are stained by the pigmentary deposit which so commonly succeeds the disappearance of *lepra*, and more particularly where arsenic has been largely employed in the cure. *Bagg.*
310. Wax cast of the elbow and part of the arm, showing the smaller variety of *lepra* termed *lepra guttata*; among the guttate spots may be seen some which are simply papular.
311. Plaster cast of the side of the trunk, showing *lepra guttata* divested of its thick white scales. The larger spots are intermingled with minute papulæ, originating in congestion and interstitial infiltration of the walls of the follicles, the common process of development of the eruption.
312. Water-colour study of *lepra guttata* of the trunk of the body. On some of the larger patches the scales were so thin as to warrant another subjective term which has been assigned to this disease, namely, *lepra pityriasisica*. *Bagg.*
313. Coloured lithograph of the patient from whom the preceding study was drawn. One of the series of "Portraits of Diseases of the Skin."

GROUP X. STRUMOUS AFFECTIONS.

DERMATO-STRUMA:—*Scrofulides* of the French school.

314. Plaster cast of the lower part of the face, showing the uneven, puckered, and prominent cicatrices left by strumous abscesses of the skin. Two of these cicatrices are seen upon the cheek, and one, ridge-like in figure, beneath the chin.
315. Coloured photograph of the left shoulder and arm of a young female, showing *dermato-struma* in the form of large circumscribed blotches covered with epidermic scales, and at the margin with thick crusts.
316. Coloured photograph of the right shoulder and arm of the same patient.
317. Epidermic crusts from the same patient.
318. Wax cast of the right hand of a young female, aged 16, showing *dermato-struma* of the skin covering the knuckles; a part of the skin is thickened from infiltration, and another part is coated with a thick crust concealing strumous ulcers.
319. Plaster cast of the same hand.
320. Wax cast of the left hand, showing two circinate patches in process of cure.
321. Model of the right hand, showing *dermato-struma* affecting the knuckles of the metacarpo-phalangeal articulations, together with a circumscribed cicatrix on the back of the hand and a perforation of the ring-finger, through which a portion of bone has been expelled. The edges of the principal patch are inflamed and prominent, and coated with thin scales, while the integument of the cicatrices is attenuated and semitransparent.
Baretta.
322. Model of the right hand, showing a large cicatricial patch of *dermato-*

struma, in which morbid action has ceased, and two smaller patches, occupying the knuckles, in which it continues in a chronic and hypertrophic form. In the cicatricial patch the integument is attenuated so as to bring the veins of the dorsum of the hand very plainly into view; it is purplish in hue, and punctated with minute pigmentary spots resembling freckles. The patches on the knuckles are prominent from hypertrophy of tissue, and are surmounted with a nodulated mass of hypertrophous epidermis, suggesting the name assigned to the case by Hardy, namely, "scrofulide verruqueuse." The disease first made its appearance when the patient was 32 years of age, and had existed for three years when the model was completed. Shortly after this period he exhibited advanced symptoms of pulmonary consumption. *Baretta.*

323. Model of the right hand, showing *dermato-struma* of the matrix and wall of the nail in an ulcerous form—*strumous onychia*, or, as named by Lailier, "onyxis." The wall of the nail is much swollen, the nail is partly separated, and a discharge is seen issuing from the groove in which it is implanted. A morbid change, termed *onychogryphosis*, consisting in the excessive production of epidermic substance by the matrix, so as to raise the free extremity of the nail into an oblique position, is seen in operation in the other nails. The onychogryphosis was hereditary, his father and brother having a similar affection, which was associated with a club-shaped figure of the extremity of the fingers. The onychia was successive, attacking in turn the left and right thumb and the left and right ring-finger. Lailier reports that he effected a rapid cure of this case by the use of iodoform. For another example of onychogryphosis, the student is referred to model No. 52. *Baretta.*

324. LUPUS EXEDENS. Model of the face of a young woman, 24 years of age, showing *dermato-struma* or lupus, in an encrusted form (*dermato-struma scabida*), of the nose and cheeks. The disease consists of prominent circumscribed patches, circular and oval in figure, and ranging in size between seven lines and two inches and a half; the patches are composed of large irregularly-shaped granulations surmounted by a yellowish

exudation-crust of moderate thickness; in some situations they are fissured and ulcerated, in others in course of subsidence, and their base is surrounded by a purplish margin. The disease first showed itself when the patient was twenty; it then healed but returned four years afterwards; it was again cured after several relapses and at the end of a year of treatment, yielding finally to cod-liver oil, iron, and iodine. Guibout terms the case "impetigo rodens," and Lailier "scrofulide acneique."
Baretta.

325. Photograph of the face of a child, showing the deformity occasioned by *lupus*. The integument is swollen, closing the eyelids on one side, and is moreover wrinkled, tuberculated, and, here and there, in a state of ulceration.
Presented by Dr. Frodsham.
326. Wax cast from a female child, aged 13, showing common *strumous lupus* as it attacks the nose and face; the cheeks and upper lip are considerably swollen, the nose is flattened from destruction of the bones and cartilages, and a thin brown crust conceals a state of ulceration of the nose and cheek.
327. Plaster cast of the face of the same patient.
328. Plaster cast of the face of an adult female, showing destruction of the nose and deformity of the features produced by *lupus*. The cast was made for the purpose of adapting an artificial nose of gutta percha to the face of the patient.
329. Coloured photograph, showing total destruction of the nose and serious deformity from loss of bone and ulceration of mucous membrane occasioned by *lupus exedens*. Internally, the palate is destroyed, and the mouth, fauces, and nares form one common cavity. The disease began at the age of 13, within the mouth, and was still troublesome ten years afterwards when the photograph was taken. The father of the patient died of the effects of dissipation at the age of 41.

330. LUPUS NON EXEDENS. Coloured photograph of a patch of *lupus non exedens* developed in the middle of the cheek. The disease made its appearance at the age of 5 years, and had reached its present magnitude at 20. Subsequently the patient underwent several attacks of hysterical illness, and during these attacks the disease increased rapidly until it has spread over the whole side of the face, from the edge of the lower eyelid to beneath the jaw, and from the ear to the side of the nose and nearly to the middle line of the lips and chin.
331. Water-colour study of *lupus non exedens* affecting the side of the face of a lady 37 years of age; the disease had commenced at the age of four, and had gradually increased to its present extent. The tubercular character of the disease along the margin of the patch, the tubercles being covered by a thin scale, the peculiar salmon-coloured redness of the eruption, and the sharply pointed figure of the nose, with the deformity of the upper lip, are well shown, as well as the retiform cicatrix on the cheek where the disease has healed.
332. Plaster cast of the right cheek of the same patient.
333. Plaster cast of the left cheek of the same patient.
334. Plaster mask of the nose, cheeks, and upper lip of the same patient.
335. Coloured lithograph of the same patient.
336. Plaster cast of the nose of a female adult similarly affected with *lupus non exedens*. The tubercular character of the disease is well shown.
337. Plaster cast of the right lower half of the face, showing the character of the cicatrices left on the skin by *lupus non exedens*. The retiform conformation of the cicatrix at the angle of the jaw deserves especial attention.
338. Plaster cast of the upper part of the neck of the left side of the same patient, showing cicatrices left by *lupus non exedens*.

339. Coloured photograph of a young gentleman, showing a successful cure of *lupus non exedens*. The disease began at the age of 15, in the commissure of the lips on one side and gradually crept up to the nose, the border of which is destroyed. The father and mother of the patient both died at the early age of forty-two.
340. LUPUS ERYTHEMATOSUS. Water-colour study of a well-marked and characteristic example of this disease, showing the colour and figure of the blotches, the appearance of the thin, grey epidermic encrustation by which they are covered, and the destruction of hair which attends their invasion of the scalp. The patches have a purplish hue; they are slightly prominent at the border, where the morbid process is active, and depressed in the centre, where the pathological operation approaches exhaustion. *Bagg.*
341. Model of the face and side of the head, showing *lupus erythematosus*. Three patches of the disease may be seen; one on the forehead, another, of oval figure, partly erythematous and partly cicatricial, in front of the ear, and a large circumscribed patch that extends from the back of the ear over the mastoid process; on the latter the hair has been destroyed, and the integument is in a state of partial atrophy. The patient was 50 years of age, and this was her second recourse to hospital after an interval of five years. The treatment consisted of baths, the application of tincture of iodine, tincture of the perchloride of iron, and of an ointment of the iodohydrargyrate of potassium; she quitted the hospital considerably improved. *Baretta.*
342. Plaster cast of the nose of a young lady, showing a patch of *lupus erythematosus* in the encrusted stage.

GROUP XI. CARCINOMATOUS AFFECTIONS.

343. Model of the side of the face and head of a man, 34 years of age, showing cicatricial patches surrounded by a prominent margin; the disease, apparently, is a superficial and *serpiginous epithelioma*, sometimes termed impetigo rodens or herpes esthiomenos, but is named by Hillairet "lupus acnéique." The disease began behind the ear at the age of 27, and at that time resembled a violet-tinted cicatrix, wrinkled on the surface and irregular in outline; three years later the patch in front of the ear made its appearance, and more recently the smaller patch at the side of the nose. The affection was attended with itching, but never with pain; there was no obvious ulceration, and at the time of his quitting the hospital the larger patches were progressing towards cure. *Baretta.*
344. Model of the face of a man, 45 years of age, showing two superficial cancerous sores, one situated on the nose near the inner angle of the eye, the other at the commissure of the mouth involving part of the upper lip and cheek. The margin of both sores is prominent; that of the larger one has a pale rounded border, and immediately beyond this border a narrow purplish areola; the surface of the sores is smooth, devoid of granulations, and partly coated with a yellowish transparent lymph. The patient's mother died of phthisis; he himself was a tailor by trade, and the disease began near the angle of the mouth at the age of 33, commencing by a small prominence, which became alternately excoriated and encrusted several times. The smaller sore on the nose bled upon slight injury; there was no affection of the lymphatic glands, and the ulcers were healed by means of chloride of zinc. The man was under the care of Lailler, who terms the disease "cancroide." *Baretta.*
345. Water-colour study of a nose deformed by a partially healed *epithelioma*. Across the root of the nose and at the inner angle of the eye the morbid surface is bounded by a rounded, prominent, and nodulated border; at

the inner angle of the eye the nodules form a small cluster, and proceeding downwards from this point is a brownish scab concealing a superficial ulceration. Several small yellow scabs are likewise seen on the nose together with a plexus of minute veins. The patient was a man, 62 years of age, and the disease had been in existence for six years at the time the drawing was made. There had been no pain, only a moderate degree of itching, and there was no enlargement of lymphatic glands. *Bagg.*

346. Coloured photograph, showing the havoc committed by cancer in the destruction of the greater part of the external ear and subjacent tissues. The rounded, whitish, and semitransparent border peculiar to *epithelioma* is seen along the inferior border of the ulceration.

347. Water-colour study of *epithelioma* affecting the aperture of the nares and upper lip. On the bridge of the nose are seen two prominent tubercles, each covered with a thick brown crust. The edge of the right ala nasi is occupied by a large, rounded, semitransparent callous mass, and from this mass there descends a prominent border to the prolabium of the upper lip. The patient was a woman, upwards of 60 years of age. *Bagg.*

348. Model of the face, presenting a remarkable example of cauliflower-like cancerous growth (*epithelioma*) affecting the lips throughout the whole circumference of the mouth. The patient, a man, 76 years of age, was under the care of Dr. Dolbeau, in the hôpital Beaujon. The disease had been in existence for several years; it produced constriction of the orifice of the mouth, and prevented the movements of the jaw; nevertheless the man's general health remained unaffected, and there was no enlargement of lymphatic glands. *Baretta.*

GROUP XII. NUTRITIVE AFFECTIONS.

DEFECT OF NUTRITION WITH ACCUMULATION OF EPITHELIAL PRODUCTS.

ICHTHYOSIS:—*ichthyosis epidermidis*; *dermatoxerasia*; *ichthyoides*.

349. Coloured lithograph, showing the legs and feet of a little girl, aged between 5 and 6, who had evinced this affection, resulting from defective nutrition of the skin, since the age of eighteen months. The wrinkles about the knee, the areolated tracery on the legs, the brown bands crossing the front of the ankle and dorsum of the foot, the thickening of the epidermis of the sole, with the desquamation at the edges of the latter, and the fissures of the borders of the foot, are pathognomonic signs of ichthyosis. One of the series of "Portraits of Diseases of the Skin."
350. Water-colour study of *ichthyosis* in the same little patient, representing the appearance of the dorsum of the foot, the sole of the foot, and the outer side of the knee with part of the leg. *Bagg.*
351. Plaster cast of the right forearm and hand, its dorsal aspect, from the same patient. The pachydermatous character of the integument of the fingers, and the position of the knuckles of the metacarpo-phalangeal articulations in relation to the dorsum of the hand, are very remarkable. The thick wrinkled folds on the back of the wrist are also deserving of notice.
352. Plaster cast of the anterior aspect of the left forearm and hand of the same patient. The length of the palm, the apparent rigidity of its integument, and the absence of its normal markings, are very striking.
353. Plaster cast of the knee, its inner aspect, with the adjacent portion of the thigh and leg, from the same patient. The cross pattern on the thigh, produced by the lines of motion, is very curious. The coarse wrinkles

around the joint are strongly marked, and over the hamstring are seen some prominent ridges, coated with a thick, rough, epidermic accumulation of horny texture.

354. Plaster cast of the inner side of the leg and sole of the foot of the same patient. The points to be chiefly noted are, the wrinkled condition of the integument, the state of desquamation of the epidermis of the sole, the length of the sole, and the shortness and insignificance of development of the toes.
355. Plaster cast of the outer side of the left leg of the same patient. The integument is very considerably wrinkled above, in the neighbourhood of the knee, and again at the ankle and on the dorsum of the foot. The skin of the leg is smooth and studded with follicular prominences, and the general aspect of the integument suggests the idea of attenuation from deficient nutrition. The epidermis along the border of the foot is thickened, and in a state of desquamation.
356. Plaster cast of the right arm and hand of a gentleman in the legal profession. The integument presents the characteristic coarseness and wrinkled condition of *ichthyosis*; deep grooves on the back of the hand mark out the surface into large angular areas, the integument composing the areas having the appearance of being attenuated and indurated.
357. Plaster cast of the back of the hand and part of the arm of a young farmer; the coarseness of the integument is very remarkable, and defective nutrition is shown in the clumsiness and crookedness of the fingers. It is necessary to state that the patient was not subjected to manual labour.
358. *ICHTHYOSIS SEBACEA (sauriosis)*. Model of the ankle and dorsum of the foot; the saurian-like scales are most strongly defined along the line of flexion of the joint; they are black from the attraction of dirt from the atmosphere, and the apparently unaffected skin is roughened by desquamation, *dermatoxerasia*. The affection is termed by Laitler "ichthyose

noire cornée." The patient was a boy, aged 14, and a brother was similarly affected, but there was nothing of the kind in their parents, and the morbid state of the skin manifested itself in infancy. Treated with the glycerinum amyli and simple baths, all trace of the disease disappeared in a week. *Baretta.*

359. A portion of epidermis, stripped from the axilla after decomposition of the body had commenced, exhibiting the pathology of *ichthyosis sebacea* or *sauriosis*. On the external surface may be observed the oblong quadrilateral scales of ichthyosis occupying the areæ between the lines of motion of the skin, while on the internal surface the hair-follicles are seen to project, each follicle presenting a conical pearl-like bulb resulting from distension of its cavity with sebaceous substance, the escape and desiccation of this substance on the skin giving rise to the scales.
360. Portion of cuticle from the same patient, dried and mounted as a microscopic object.
361. Epidermic concretions from the borders of the axilla of a young girl affected with *ichthyosis sebacea*.
362. ICHTHYOSIS SPINOSA. Engraving of a female child, aged 3 years, affected with *ichthyosis spinosa*. The disease, with the exception of the face, is general, and was first perceived at the age of three months. The child's mother was similarly afflicted, the disease beginning in her, as in her child, at three months. Defect of nutritive power is also evinced in both mother and child in the complete decay of the teeth. The engraving illustrates a note on "hereditary ichthyosis" by Mr. P. H. Martin, of Pulborough, Sussex, and is published in volume ix. of the 'Medico-Chirurgical Transactions' for 1818.
363. Spine from a porcupine boy measuring in its dried state a quarter of an inch in length; it contains in its structure a group of downy hairs which form convoluted bunches here and there. The rounded prominence on the border of its shaft is due to one of these bunches.

364. Spine from a porcupine boy; this spine was taken from the same lad as the preceding. The whole body was covered with similar spines, standing out nearly perpendicularly from the surface of the skin.
365. Two similar spines from the same boy.
366. Portion of a spine from the same subject.

THELOMATOUS GROWTHS:—Excess of nutrition giving rise to hypertrophy of the papillæ cutis with accumulation of epithelial products.

No. 2308 A of the "General Pathological Series" is a portion of skin from the leg, exhibiting considerable thickening of the epidermis, with a state of hypertrophy of the papillary layer of the derma and dilatation of the hair-follicles. The surface of the epidermis is an exaggeration in form of that of the derma, and presents numerous prominences, the aræ of the lines of motion of the integument. This pathological state is probably due to passive nutrition, consequent upon retarded venous circulation, the latter being dependent on a varicose condition of the veins of the limb, and is an example of perverted nutrition.

367. **EPIDERMIC HORN** developed beneath the last phalanx of the great toe; it lay flat against the skin, and grew backwards, "filling the fossa in front of the ball of the great toe." Mr. Houghton, of Dudley, by whom the specimen was presented, observes that "the appearance of the last joint of the toe was very remarkable, for it looked as though it had two nails, on opposite surfaces, growing in opposite directions. The horn had been about two years in formation, the patient being a woman, aged 66. It caused very little inconvenience or pain in walking, but it was very painful at night, and on this account, at her request, I removed it." It measures in length one inch, seven lines being free, and the remaining five lines constituting its root; its breadth is seven lines, or rather more than half an inch; and thickness, a quarter of an inch. It is convex on the external surface, and marked with transverse lines, indicating successive growth, and in general appearance is undistinguishable from a rough toe-nail, terminated by a rounded obtuse point.

368. Epidermic horn developed on the *preputium clitoridis*, in the middle line. It is singularly horn-like in appearance, and measures half an inch in length. The horn was removed by operation and presented by Mr. Hancock, of the Charing-Cross Hospital.
369. Epidermic horn, resembling a small finger-nail, developed on the *glans penis* of a young gentleman, aged 24.
370. Several *horny concretions*, partly resulting from hypertrophic growth and partly from epithelial sordes, developed on the integument of the penis and prepuce.

371. Water-colour drawing of the penis from which the concretions No. 370 were obtained.

Bagg.

Horny growths of the skin have their origin in the epidermis or epithelium, and the abnormal process may be simply an error of nutrition, or it may be due to inflammation. The former gives rise to growths which in their structure resemble nail, or which approach to the character of a laminated and fibrous horn; they are composed of normal tissue abnormally accumulated. The other kind are the product of abnormal and morbid secretions mingled with the proper epidermic or epithelial material, and may be distinguished as "horny concretions," rather than "horny growths;" while in some instances the results of the two processes may be found to be united. Besides the specimens of horny growths numbered 367 to 370, others will be met with in Groups I. and XVII., and in the "General Pathological Series," Nos. 2300, 2300 A, 2300 B, and 2469.

372. **MYRMECIASMUS.** Photograph of a boy, aged 9, showing *congenital warts*. The abnormal growth is most remarkable on the left side of the body; for example, the left half of the abdomen, terminating abruptly at the linea alba, the left groin and left side of the scrotum, the left axilla, arm, and hand. Patches may also be seen on the right breast and right forearm, while in the neck it forms a prominent "cauliflower-looking" mass both before and behind. The lad was pale, nervous, and strumous,

with notched and decayed teeth, and presented a band of alopecia areata on the left side of his head. His mother received a fright at the fifth month of pregnancy, and the abnormal state of the skin of her infant was perceived in the form of dusky streaks during the first week of his life. Mr. Richard Davy remarks that the boy "was literally splashed all over with warts," in some spots pedunculated, in others occurring as soft velvety patches or linear streaks; the parts especially disfigured being the features, neck, inner side of arms, dorsal surface of hands, chest, left nipple and umbilicus, where the growths were pedunculated, abdomen, buttocks, back, legs, and tibial side of the dorsum of the left foot, involving the two inner toes. The papillæ composing the cauliflower masses on his neck were for the most part three-quarters of an inch in length, and their base was bathed in a fetid puriform secretion.

Presented by Mr. Richard Davy, F.R.C.S.E.

373. Plaster cast of the left hand of a young lady, showing a crop of *verruca minima* on the back of the wrist, and large warts of the common type (*verruca vulgaris*) on the middle and ring-finger, especially on the former.
374. Plaster cast of the right hand of a gentleman of about twenty-five years of age, studded with *verruca minima*; on the back of the hand they are disposed in aggregated groups, and on the knuckles of the metacarpophalangeal articulations are broader than elsewhere.
375. Plaster cast of the left hand of the same gentleman, showing a similar distribution of *verruca*.

Warty growths and warty vegetations (*verruca vegetantes*) of remarkable bulk and development are to be found in the "General Pathological Series" under Nos. 2278, 2279, 2279 A and B, 2280, and 2713 A. The majority of these are cutaneous growths from the labia pudendi and præputium clitoridis, one taking its origin at the verge of the anus. Their general character is that of lobulated and nodulated tumours, suggestive of the idea of cauliflower growths; whereas No. 2280 is a

small pedunculated tumour bristled on the surface with a remarkable thelomatous outgrowth, consisting of elongated papillæ enveloped in epidermic sheaths.

CLAVUS or corn is very amply and instructively illustrated in the "General Pathological Series," by preparations Nos. 4, also 2309 to 2313 and 2315. In these preparations *corns* are shown in their epidermic thickness and structure, in the impression made by them on the derma, and also in section. Nos. 2310 and 2312 exhibit a conical horny prominence of the under surface of the epidermis, and a deep hole on the derma in which the prominence was lodged; the aperture in the latter of these preparations being surrounded by an elongated lip. Preparations 2311, 2312, and 2315 show the central nucleus or "eye" of the corn, Nos. 2309 and 2311 its fibrous structure resulting from the production of vertical fibrous sheaths by the hypertrophied papillæ cutis, and No. 4 a subcutaneous bursa interposed between the corn and the convexity of the joint.

ANGIOMATOUS GROWTHS:—*Aberration of nutrition, giving rise to hypertrophy of vascular tissue.*

376. Water-colour study of a large oval-shaped *arterial nævus* developed on the back of the shoulder of an infant. The patch of vascular tissue was slightly raised, and its border, more prominent than the rest, was of a bright crimson colour and papulated, the included area being purplish in hue, and marked by the ramifications of minute venules. *Bagg.*

FIBROMATOUS GROWTHS:—*Aberration of nutrition, giving rise to hypertrophy of fibrous tissue.*

377. MOLLUSCUM AREOLO-FIBROSUM (*molluscum simplex; fibroma molluscum*). Model of the right forearm of a woman, 50 years of age; the forearm, on its flexor side, and particularly at its middle, is studded with fifteen or twenty small tubercles, very slightly redder than the surrounding integument, and ranging in size from two lines to nearly six lines in diameter, that is, from the size of the hemisphere of a small pea to that of a small hazel-nut, the largest being prominent about a quarter of an

inch. And in the spaces between the tubercles are a considerable number of minute papules, these latter being particularly conspicuous on the ball of the thumb. The tumours bear the external evidence of being that which they are known to be pathologically; they are soft to the touch, and composed of a fine and loose areolo-fibrous tissue, being in fact an hypertrophy of the connective tissue of the upper stratum of the corium. This pathological state is also illustrated by the fingers: the areolo-fibrous accumulation has caused a swelling of the first three fingers, the ends of the fingers are broader than natural, the lines of flexion of the third phalanges are obliterated, and there is a soft, flabby, compressible, and remarkably prominent enlargement of the front of the middle finger. The case was under the care of Lailier, but not retained in the hospital in consequence of the hopelessness of cure.

Baretta.

378. Photograph of a negro, aged 45, affected with tumours of *molluscum areolo-fibrosum* distributed over the whole body, more especially the back of the trunk. They range in size between that of a pea and a pigeon's egg, and reach in prominence to about an inch; some are firmly implanted in the skin, others are more loosely attached, and some are pedunculated, as in the instance of the three large tumours seen on the forearms and back of the left hand. They made their first appearance at the age of puberty, and have continued to increase in number and size ever since, their growth being accompanied with a pricking, burning, and shooting pain. Their structure is that of a coarse areolo-fibrous tissue infiltrated with a colourless albuminous fluid, and the tendency to the formation of the disease is evinced by the development of tumours on any slightly injured spot or wound of the skin, and further, by the occurrence, during the last four years, of *spargosis* or *elephantiasis arabum* of the genitals. The photograph, with a description of the case, is published by Dr. Izett W. Anderson, of Jamaica, in the 'Journal of Cutaneous Medicine,' vol. i. 1867, page 60.

Pedunculated cutaneous tumours constituting *pendulous mollusca* will be found in the "General Pathological Series," in the preparations

numbered 2287 to 2290. Two of these are smooth on the surface, the others lobulated.

379. CHELOMA; CHELOIDES; *kelis*, Alibert. Coloured lithograph of a man, aged 48, presenting a chelomatous growth on the breast, crossing the sternum, a common locality of this disease. The growth bears some resemblance to a bird with its wings extended, and has been thought by the ignorant to be an animal; for example, a toad, which had buried itself in the flesh. The ridge-like branches or spurs around the circumference of the growth have been called its roots, hence the term "cheloides radiformis;" and some colour has been given to the idea of roots by a common mode of extension of the disease, namely, by the formation of a cord-like thickening of fibrous tissue which shoots out in the direction of an isolated tubercle, and after a while becomes identified with it; this process is shown in the approach of the thick spur on the right breast towards an isolated tubercle seen at a short distance from its point. The upper and lower border of the left segment of the growth are rounded, and stand out from the integument, while the surface of the growth is marked by a network of cords of white fibrous tissue, coated over by a velvety vascular layer. The disease had been seven years in existence at the time the drawing was made, and commenced by four isolated tubercles which gradually grew together and coalesced. At present it measures nearly four inches in length by three in breadth, and between two and three lines in thickness. One of the series of "Portraits of Diseases of the Skin."

380. Water-colour study of the presternal *cheloma* of the above patient. *Bagg.*

381. Wax cast of the *cheloma* of the same patient.

382. Plaster cast of the *cheloma* of the same patient.

383. Plaster cast of the fibular side of the right knee of the same patient, showing three rounded tubercles measuring nearly half an inch in diameter. The upper tubercle is united with one of the lower tubercles

by a prominent columnar ridge (*cheloides cylindracea*), the two tubercles being upwards of two inches apart. The remaining tubercle is isolated.

384. Wax cast of the same subject.
385. Plaster cast of the radial side of the forearm of the same patient, showing two isolated *chelomatous tubercles*. The upper tubercle is square-shaped, the lower oval in figure; they are situated at about two inches apart.
386. Wax cast of the front of the chest of a man, 44 years of age, showing a presternal *cheloma* in a retrogressive state. It resembles in figure a sheaf of wheat, and the thin, smooth, velvety layer which covers its surface is reddened by a network of minute venules. The growth had been eight years in existence. During the first two years it advanced gradually in size, during the next five years it remained stationary, and subsequently subsided slowly.
387. Plaster cast of the same case.
388. Plaster cast of the shoulder of a gentleman, aged 41, presenting an oblong and somewhat crescentic tubercle of *cheloma*, an inch in length by one-third of an inch in breadth, and about one line in elevation. The *cheloma* had been in existence for five years, and was developed originally by three separate tubercles which subsequently became fused into a single mass. A daughter of this gentleman had her back and chest covered with small *chelomata* of traumatic origin, being developed on cicatrices left by the eruption of acne.
389. Wax cast of the same.
390. Plaster cast of part of the podex of the same gentleman, presenting two large tubercles united by an intermediate fibrous band, and giving rise to a tumour of a dumb-bell figure. The larger tubercle measures more than half an inch in diameter, and the space between the tubercles is of the same extent.
391. Wax cast of the same.

392. Plaster cast of part of the face of a boy, showing a cheloma which has grown in the bed of an abscess (*cheloma traumaticum*, *cheloides spuria*). The tubercular ridge measures an inch and a half long, and is somewhat crescentic, being half an inch in breadth at the middle and tapering towards the ends.

Cheloma is further illustrated by preparations 2283 A and 2283 B in the "General Pathological Series," the latter being an example of traumatic cheloma or cheloides.

393. FIBROMA. Model of the face, neck, and breast of a woman affected with a remarkable form of fibromatous growth termed by Guibout "tumeurs fibro-plastiques." The face and neck, together with the front of the chest, are nodulated all over with cutaneous tumours of the average diameter of half an inch, the tumours resulting from hypertrophy of the fibrous tissue of the corium. On the face the tumours are smaller, reddish, and neither so prominent nor so well defined; and there is evidence of chronic inflammation, possibly eczema, of the eyelids. On the neck and chest the tumours are:—some more defined and prominent, and red; others paler and more deeply seated; the prominent tubercles show signs of inflammation, and, in two or three places, of superficial ulceration. The fibrous tissue of the whole of the right mammary gland is involved in the disease; and around the circumference of the gland are seen numerous well-defined tubercles, which are connected with the morbid gland-structure by subcutaneous cords. This is especially the case along the upper segment of the gland; and from this segment there radiate six or seven of these subcutaneous cords, which terminate in rounded tubercles. From two of the latter the subcutaneous cords proceed upwards to the tumours in the neck, which form three prominent cord-like and tuberculated ridges; and from this arrangement there results a well-marked *cheloma* of somewhat complicated figure. The disposition of the two vertical cervico-mammary cords is worthy of close observation: the narrower is partly intercepted by a round tubercle, the broader is enlarged in the middle, and between the two is a small round tubercle, seemingly suspended by its cord from the transverse

cervical prominence. This model serves to confirm the recognized identity of cheloma with simple fibroma, and may be taken to illustrate the two affections. A detailed report of the history of the patient is published in 'L'Union Médicale,' No. 86, for July 21, 1868; and also in the third volume of the 'Journal of Cutaneous Medicine,' p. 180. *Baretta.*

394. DERMATOLYSIS: looseness of skin. Engraving, representing Georgius Albes, a Spaniard, in the act of drawing the integument of the right pectoral region upwards to his left ear. The plate is taken from John Bell's work, who observes, "This young man had the skin on one side only of his body so relaxed that he could extend it without pain to any degree." Meek'ren reports the case under the name of "debilitas extraordinaria cutis," and says, "in the year 1657, a young man, a Spaniard, named Georgius Albes, about twenty-three years of age, presented himself at our hospital and was seen by Van Horne, Sylvius, Gulielm. Pyso, and Franc. van der Wiel, who, grasping with the left hand the skin of the right breast and shoulder, drew it out till it touched his mouth; or taking the skin under the chin with both his hands he could draw it down like a beard till it touched his breast, or pull it upwards till it covered his face and eyes, or extend it still more till it touched the vertex; or pinching the skin of the knee, he could extend it as he pleased, upwards or downwards, to the length of half a yard. The skin thus extended retracted itself again, but this was only on the right side of the body; it was a disease, and not a trick of capability of extension produced by custom." "Consideratione dignum erat, cutem eam quæ tegebat dictis locis partes sinistras, extendi nullo modo potuisse, firmissime iis adhærentes; causam dignoscere hactenus non licuit."
395. Photograph of a Bosjeman woman, showing a state of *areolo-fibroma* of the integument of the abdomen, gluteal region, and thighs, probably induced by habits of life and constitution. The enlargement is clearly of morbid origin, as may be inferred from the unevenness of the skin and seemingly lobular structure of the integument.
396. Model of the face, showing *areolo-fibrous hypertrophy* of the nose. The

nose presents the appearance of a lobulated mass, but is considerably reduced from its original size by the removal of the largest of its lobes; at present it hangs down below the level of the mouth and presses against the lips. The large central and most dependent lobe measures two inches and a half in breadth by nearly two inches in length, and is surmounted by upwards of two dozen lobulated masses ranging in bulk between two lines and one inch in diameter. The lobules at the root of the nose are reduced to the size of simple tubercles, but from this point downwards they increase considerably in bulk, and at the base of the mass may be seen a number of large veins. The general tint of colour of the tumour is purplish; the lobes are smooth and tense, and the surface is indented every here and there by obliterated follicles. Guerin names the affection "hypertrophie des glandes sébacées du lobule du nez."

Baretta.

Portions of the nose, similarly affected and removed by operation, are shown in Preparations of the "General Pathological Series," numbered 2284, 2284 A, 2285, and 2286. The hypertrophy of the integument is complete, involving the apertures and cavities of the follicles together with the solid structures, as is strikingly exhibited in Nos. 2284 and 2285.

397. Drawing of the thigh of a girl, 17 years of age, showing a lax form of hypertrophy of the areolo-fibrous tissue of the integument and of the derma, a state which has been termed, with some appropriateness, *relaxatio insolita*, and *cutis pendula*. The integument possesses its natural colour but hangs in thick folds around the limb. To the touch it is suggestive of the idea of a firm elastic jelly contained in a thin membrane, and the mass vibrates like jelly when handled. The apertures of the follicles are also very greatly enlarged; in a contracted state of the skin standing up like a magnified *cutis anserina*, in a relaxed state presenting transverse slit-like openings two lines in length. The girl was diminutive in size, and of feeble constitution; the morbid nutrition of the skin began at the age of puberty, and she has been liable from time to time to displacement of the patella from slight

injury. She is under the care of Mr. Weeden Cooke, and the drawing was made by Mr. C. D'Alton.

398. Engraving of a remarkable case of *dermatolysis*, recorded by John Bell in the third volume of 'The Principles of Surgery,' published in 1808. The hypertrophied skin hangs from the front and left side of the neck in long rolls, which resemble portions of distended intestine. The author narrates that "the enormous growth . . . when she opens her tattered clothes, rolls out like the bowels, one turn over another, and is at once disgusting and horrible." The disease had been five years in existence when the drawing was made, and originated in a lightning-shock, which appears to have struck the left side of her head; a soft baggy tumour arose immediately on the spot and burst, and subsequently the walls of the bag continued to grow. At a later period a portion of the tumour was removed in the Hôtel Dieu by Dessault, but without arresting its further growth. The shoulders and arms were studded all over with "small tubercles like berries," apparently *molluscum adenosum*, but in that case ill-portrayed in the engraving. "The chief volume of the tumour begins in that part which hangs thick and baggy from the back part of the head; and its origin in the lowest part of the hairy scalp is denoted by its black colour, proceeding from the roots and stubs of her dusk hair. This coloured part indicating its origin from the scalp, is extended now as low as the shoulder; it has a firm surface, large tubercles, a scaly hardness, and a blue colour. From this descends a great and voluminous roll of skin, which hangs over the breast and belly, to the length of a yard and a half, like a bundle of intestines; and from her ear, which is elongated to a prodigious length and size, hangs another corresponding roll of skin, which, falling from the neck and face, constitutes a great part of the volume of enlarged skin, which, as she sits, hangs over her knees. . . . This immense volume of skin is thin where it hangs from the occiput, neck, chin, and shoulder, but is very thick, massy, and doughy-like at its lower part. . . . This monstrous growth is simply skin—luxuriant, healthy, extremely vascular; its pores and papillæ are enlarged, and its surface somewhat reddened;

in some parts it is livid, with a surface of changing colours betwixt red and blue. Upon lifting up the rolls of the tumour and looking into their roots, the veins are seen to be as large as those of the mesentery: some of these venous trunks are as big as the thumb, tense, and gorged with blood. When she travels about on her begging excursions, she carries her tumour in a sling made of an old tablecloth, as a sower of corn carries the seed in the bag before him. When she sits down, opens her cloak, and unfolds this disgusting and horrible tumour, you can hardly be persuaded that you do not see her belly open and her bowels in motion; for the rolls of skin, fleshy and red, roll over each other as she handles them, and the slightest handling at one fold of the tumour puts the whole into this vermicular kind of motion. The whole volume would roll over her knees but that she contains it in her lap by putting one or both her arms around it."

399. The same patient, Eleanor Fitzgerald, seen from the left side, showing the origin of the hypertrophied rolls in the integument of the left cheek, left ear, postauricular and occipital region, and side of the neck; the large and extraordinary mass descends to her lap, on which it rests. The spots on its surface are very probably follicular depressions.
400. ELEPHANTIASIS ARABUM; *spargosis*. Photograph of a Chinese affected with spargosis of the scrotum, back of the thighs, calves of the legs, and ankles. The ponderous scrotum is seen both in front and at the back of the figure, and obliges him to stand with his legs apart. The growth on the back of the thighs has the appearance of the buffer of a railway carriage, and that on the calves of the legs is composed of large lobulated masses.
401. Elephantiasis Arabum affecting the penis (*spargosis penis*) in a Negro of the West Indies. The organ has acquired a huge size and extraordinary figure; it is lobulated above and curved at the extremity, and in the latter situation is roughened by warty granulations.

Presented by Dr. Thomas Nicholson, M.D., of Antigua.

Elephantiasis Arabum is excellently illustrated by preparations in the "General Pathological Series," numbered 2268 to 2270, also 2270, A, B, and C. Sections of the disease display very distinctly its pathological structure. Moreover, the same form of disease affecting the scrotum is shown in Nos. 2466 and 2467; while No. 228, representing hypertrophy of the præputium penis, and No. 2713, hypertrophy of the præputium clitoridis, call to mind the photograph No. 401.

402. MORPHEA:—*kelis*, Addison; *scleriosis*, German; *leuce*. Water-colour drawing, showing a patch of *morphea* at different stages of its progress. The patient was a young lady of twenty, and the morbid patch occupied the centre of the cheek. Its area presented the appearance of a cicatrix, white, and depressed, and bordered by a slightly raised lilac-coloured margin, the colour fading into the tint of the surrounding skin. The brown spots situated within the area and near its circumference are papular eminences. The pathology of this affection is a fibrous transformation of the structure of the skin with atrophy; otherwise a *fibroma with atrophy*, or a fibrous degeneration of the skin.

403. Water-colour study of *morphea*, as shown upon the forehead and cheeks of an unmarried woman, aged 28. One patch crossed the nose and expanded upon the cheek at either side; it was white and uneven, like a cicatrix, the skin being in a state of seeming atrophy, and bounded around the circumference by an erythematous blush of a lilac or purplish tint. The other occupied the middle of the forehead, and was also white in the centre and surrounded by an erythematous purplish halo. This latter patch measured two inches in longitudinal diameter and nearly the same transversely; the white centre was shrunk below the level of the lilac border; it was tense and seemingly adherent to the bone, insensible, to all appearance non-vascular, and resembled leather rather than human integument. It was skin in a state of deficient sensibility, deficient vascularity, deficient pigmentation; in one word, in a state of atrophy. *Bagg.*

404. Water-colour drawing of the face of a little boy, 8 years of age, showing

patches of *morphæa* on the forehead, cheek, chin, and upper part of the neck. The patch on the forehead is in a state of atrophy, as denoted by the thinning and disorganization of the skin (*morphæa atrophica*). The integument of the eyelids is also in a state of atrophy, the lower eyelid being slightly drawn down by contraction of the skin. On the cheek is a yellowish-white and somewhat prominent patch of an annular figure, which is hard to the touch and smooth and glossy in appearance (*morphæa alba tuberosa*); another patch of *morphæa atrophica* is seen on the chin, and other patches, both of the protuberant and atrophic kind, are seen upon the lower part of the cheek and adjacent part of the neck. The case of this patient is reported at length in the second volume of the 'Journal of Cutaneous Medicine,' pp. 172 & 430. The drawing is by an American artist, Mr. Nutting.

ADENOMATOUS GROWTHS:—*Abnormal production of gland-tissue.*

405. MYCOSIS FUNGOIDES, Alibert. Model of the anterior aspect of the trunk of a woman, aged 42; the integument is pale and flabby, and studded over the greater part of its surface with pale crimson-coloured tumours and tubercles, while between the tumours, in certain situations, especially in the epigastric region, may be observed clusters of narrow rings of a deep brown colour, each ring enclosing an area which is somewhat depressed and paler than the rest of the integument. The larger tumours are four in number, and are situated respectively on the left mamma, over the umbilicus, in the right flank, and in the right groin. The smaller tumours, which are extremely numerous, are congregated in clusters in the right pectoral region and upon the abdomen, particularly in the right flank. Three of the large tumours, and nearly a dozen of the smaller, are in a state of ulceration, and the ulcers present the same general characters. They are superficial, have vertical edges, and look as if the surface had been nibbled away. There is no thickening of the skin forming their border; the vertical edge is red, and the base sometimes red where the erosion is superficial, and sometimes buff-coloured where it sinks more deeply into the integument. The smaller ulcers are more or less circular in figure, and occupy some part of the summit of

the minor tubercles, whereas the large tumours present extensive and deep ulcerations, irregular in outline and irregular also in the level of their base, being evidently composed of a number of minor ulcers which have become confluent. This irregularity of figure and surface is particularly conspicuous on the tumours in the centre of the abdomen and on the right flank. The smaller tumours range in size between that of mere flattened pimples only two lines in diameter and masses an inch in breadth, the common dimensions being half an inch, while the large composite tumours on the mamma and on the abdomen measure upwards of four inches. Some of the tumours are isolated, but a considerable number are coherent, and these coherent clusters are apt to become blended and form large compound masses, the type of the large tumours. The tumours, moreover, present every stage of growth; some are mere nodules in the skin without colour; as they increase in size they acquire their peculiar purplish tinge; some are prominent and smooth, as though from distension, others are flaccid and in a state of collapse, some are flattened, some depressed in the centre, some in a state of softening have a salmon-coloured tint, some have subsided with the exception of a narrow prominent ring, and some have entirely disappeared, leaving the portion of skin which they occupied thin, depressed, pale, and achromatous, but surrounded by a margin of deep brown pigment. In one of the tumours only, namely, that on the left mamma, is there any trace of vessels, and these present a simple state of angiectasia very different from the large venous ramifications which are met with in carcinoma. The breasts are small from atrophy of the mammary glands, and large corrugated cicatrices are seen in the axillæ. The patient was under the care of Hillairet, who adopts the nomenclature of Alibert for its designation, "mycosis fungoides." *Baretta.*

406. Model of the left arm of the same patient; the limb is emaciated, and presents a series of pathological lesions, namely, erythematous patches in a state of furfuraceous desquamation, papulæ which have been torn by the nails, and have become covered with a brownish-red crust, red lines marking scratches by the nails, and tubercles of small size resem-

bling those on the abdomen in the preceding model. These tubercles follow the direction of the outer border of the arm towards the axilla, and one of large size over the upper part of the biceps, is very characteristic of the disease. The state of the nails is also worthy of observation; they are stunted and thick, and have a tendency to assume the form which has received the name of onychogryphosis. *Baretta.*

407. Model of the face of the same patient, exhibiting an advanced stage of emaciation; numerous patches of dry and squamous eczema are dispersed symmetrically over the surface; some are flat, and some prominent, some diffused, some circumscribed, but all more or less circular. A circumscribed and prominent circular patch, depressed in the centre, is seen at the outer extremity of the eyebrow; and others of a similar kind, but less prominent, at the angles of the mouth, in the middle of the cheek, and in front of the larynx. These patches present every evidence of being eczematous in their nature; the skin is thickened and coated over with a rough desquamation, and the patches at the angle of the mouth are fissured. To such patches Willan assigned the name of lichen agrius. The pathological appearances presented by this case may therefore be summed up as follows:—1, eczematous patches; 2, scratches denoting pruritus; 3, tumours in various stages of growth and decline; 4, cicatrices and pigmentary stains left by the tubercles; and 5, ulcers. *Baretta.*

XANTHOMATOUS GROWTHS:—*Neoplasms presenting a yellow tint of colour.*

408. **XANTHOMA; XANTHELASMA; vitiligoidea**, Addison; *plaques jaunâtres des paupières*, Rayet. Water-colour study of *xanthoma palpebrarum*; a considerable difference will be observed in the tint of colour of the two figures, one being orange-yellow, the other primrose-yellow; in one the character of the morbid growth is that of a smooth lamina (*xanthelasma, xanthoma laminosum, vitiligoidea plana*); in the other the principal patch is composed of small tubercles (*xanthoma papulosum, vitiligoidea granulosa*); while in both the tubercular character is illustrated as distinct from the stratiform or laminated character of the affection. *Bagg.*

409. Model of the left hand, palmar and dorsal surface, of a lad, aged 16, affected with *xanthoma*, or, as termed by Bazin, under whose care the patient was treated, "molluscum cholesterique." On the palm of the hand the xanthic substance is chiefly apparent in the grooves of flexion, where it forms streak-like laminae, while on the thumb it possesses the tubercular character. On the dorsum of the hand small tubercles are scattered on the surface, but are collected most numerous on the knuckles. *Baretta.*
410. Model of the buttocks of the same patient. The convexity of the nates is thickly studded with small tubercles, some red, but the greater number of a yellow colour, while in the fissure of the nates over the coccyx may be seen an oblong stratiform band. The hyperæmic condition of many of the tubercles is deserving of attention, as showing the presence of an inflammatory impulse of growth. The patient was a clerk, of diminutive stature. His parents and brothers were healthy, and until the present attack he himself had been the same. He was admitted into Saint Louis on the 5th of April, and quitted it on the 29th of May; he was consequently in hospital seven weeks. For five months previously to admission he had complained of a dull pain in the right hypochondrium, and had suffered from jaundice and indigestion. These symptoms were present during his stay in the hospital, and his liver was found to be enlarged and to project for the breadth of two fingers below the margin of the cartilages of the ribs. During the same period small lemon-coloured tubercles of the size of millet-seed had appeared on different parts of his body, while latterly the tubercles had become larger and more abundant. Along the borders of the grooves of motion of the hands they were especially evident, and in that situation had become confluent, so as to form broad yellowish tracks. When divided by incision, the tubercles were ascertained, by means of the microscope, to be outgrowths of the derma stratified with numerous bile-coloured lamellæ. *Baretta.*
411. Photograph of the hand of a woman, aged 28, whose case is reported by

Dr. William Frank Smith, of Sheffield, in the 'Journal of Cutaneous Medicine,' vol. iii. page 241. The palmar surface of the hand, and especially of the fingers, is covered with closely set tubercles, rounded on the summit, and resembling the projection of shots under the epidermis. The tubercles, which appear to be of the size of the hemisphere of a mustard-seed and somewhat larger, have a tendency to range themselves in the direction of the folds of the skin in close proximity with the lines of motion, and in the latter position there is a tendency to the fusion or blending of the yellow tissue, so as to constitute streaks or plates. The patient was delicate in constitution, and had had six miscarriages; the last of these events occurred five years back, and was succeeded by jaundice, the jaundice remaining permanent ever since. The xanthoma first appeared on the eyelids in the form of white lines, and the white lines were subsequently "transformed into smooth, slightly elevated patches, yellowish-white in colour," while at the inner angle of the lids might be seen a few small white tubercles. At a later period the xanthic tissue made its appearance, in succession, on the hands and feet, elbows, knees, hips, clavicles, and gums, and had a general symmetrical distribution; the forms under which it presented itself being lines and ridges, laminæ, and papulæ or tubercles. In intimate structure it was shown by the microscope that "the cuticle was hypertrophied to nearly twice the thickness of that covering the adjacent skin. The rete mucosum was hypertrophied to about the same extent, and was stained with a yellow colouring-matter soluble in ether. The corium, also hypertrophied, made up the rest of the tumour. The corium was densely corpusculated, the corpuscles of irregular shape and size, non-nucleated, apparently consisting of connective-tissue germs, but on soaking the tissue in ether about half of them disappeared, still leaving a great number of irregularly shaped granules in the meshes of the areolar fibres." Dr. Murchison on the same subject remarks that he "found the cream-coloured patches to be due to the deposit in the cutis of a large quantity of oily granules, both isolated and aggregated in masses, and always most abundant in the neighbourhood of hair-follicles. The epidermic cells were not affected; the oily matter was

in such quantity, that when a section of the skin was put in water, the oil ran out from it like a milky fluid."

412. Plaster cast of the right hand of the same patient.

413. Plaster cast of the right hand (duplicate) of the same patient.

"On the hands the eruption first made its appearance in the form of yellowish-white lines, slightly elevated, corresponding with the flexure lines on the palmar surface of the phalangeal joints and along the flexure lines of the palms, mapping out these furrows in a curious manner. The intervals between the phalangeal joints are occupied by elevated yellowish tubercles having the aspect of small-pox pustules, . . . these tubercles are scattered over the whole of the palmar surface as far as the wrist-joint. On the dorsal surface they are confined to the fingers." The large and prominent tubercles on the joints of the phalanges, particularly the last, are very remarkable, and not less so are the prominent tubercles on the palm of the hand, while on the convexity of the last phalangeal joints they form prominent and extensive tubercular masses. The photograph and casts were presented by Dr. William Frank Smith, of Sheffield.

GROUP XIII. NEUROTIC AFFECTIONS.

414. PRURITUS. Model of the foot and part of the leg, illustrating pruritus, as evinced by the numerous scratches made by the nails for the relief of itching. Similar scratches are also seen in No. 43. The disease in the present instance is one of the irregular forms of eczema; the integument is marked with prominences ranging in size from little more than one line to nearly half an inch in diameter, round flat tubercles, very little elevated, consisting of indurated integument, and more perceptible to

the touch than to the eye, the largest of the tubercles being situated on the dorsum of the foot; and the skin has the dry, rigid, and discoloured appearance which is met with in prurigo. Guibout seems to have regarded this affection as a kind of indigenous leprosy, and terms it, in accordance with that view, "elephantiasis nostras avec lichen hypertrophique"; an illustration of the "lichen hypertrophique" of Hardy may be seen in No. 47. *Baretta.*

GROUP XIV. CHROMATOPATHIC AFFECTIONS.

415. MELASMA; *melanopathia*. Water-colour study of a partial melasma of the leg in a young woman, aged 23. The melasma, of a rich brown colour, follows the course of the superficial plexus of cutaneous veins, and forms a corresponding reteform plexus (*melasma reteforme*) on the surface of the skin. The predisposing cause of the discoloration was, very probably, interruption of the venous circulation of the lower limbs, and consequent congestion of the minute venules which empty their contents into the superficial venous plexus. The discoloration had been in existence for six months at the time the drawing was made. *Bagg.*
416. Coloured lithograph of the same case. One of the series of "Portraits of Diseases of the Skin."
417. MELASMA with LEUCASMUS. Water-colour study of general melasma, with partial melasma and partial leucasmus. The patient had been growing darker in complexion of skin for some years, and the dyschroma had become more decided during the seven years preceding the record of his case. A large irregular blotch of melasma may be seen on the left side of the chest, and the areola of the nipple on that side is almost black, while on the opposite side the nipple is bleached, and leucasmic patches

may be perceived on the shoulder, neck, and face. The apparent exciting cause of these phenomena was the drinking of cold water and the immersion of the body in cold water when the system was heated by exercise and probably fatigued. The leucasmus made its first appearance on the tips of the fingers, as is very commonly the case, seven years before, when the patient was 17 years of age. In the lower part of the drawing the right nipple has been delineated, showing its bleached condition as compared with the left. *Bagg.*

418. Coloured lithograph of the same patient. One of the series of "Portraits of Diseases of the Skin."

419. Water-colour drawing of a *piebald negro* boy. He was born of black parents in the West Indies, and presented at his birth the curious mixture of melasma and leucasmus or achroma, a state of partial albinism, seen in the drawing. At the age of fifteen months the boy was consigned to Richardson, the strolling "showman," by whom he was exhibited at country fairs, and most tenderly cared for. The picture from which the drawing was made is preserved in the vestry of the church of Great Marlow, in Buckinghamshire, where also may be seen a monument bearing the following inscription:—"To the memory of George Alexander Grattan, the spotted negro boy, a native of the Caribbee Islands, in the West Indies, who departed this life February 3rd, 1813, aged four years and nine months; this stone is erected by his only friend and guardian, Mr. John Richardson, of London." His skin and woolly hair were particoloured, transparent brown and white; there were several figures of triangular shape, one within the other, on the head, and a broad band of white descended from the crown of his head over the forehead, nose, and lips, to the chin, while the cheeks and the rest of the face were black. On the limbs the white predominated over the black, the latter presenting a large blotch over the scapula, another over the deltoid, one of considerable extent upon the forearm, a large patch around the knees and ankles, and scattered minor spots in the intermediate space and upon the back of the hands and fingers. He

was well proportioned in figure, a bright and intelligent child, but being attacked with a swelling of his jaw he shortly after died.

420. Photograph, exhibiting a front and back view of a *negro* presenting a *piebald* character. The black pigment is most abundant on the back of the trunk and neck, the hands and the feet; while it is absent in the middle line of the forehead, and to a considerable extent on the front of the trunk, the upper arms and shoulders, and the legs.

GROUP XV. EPIDERMIC AFFECTIONS.

PHYTOSIS: a form of degeneration of the epidermis and rete mucosum resulting in the production of a substance resembling vegetable fungi,—*phytiform degeneration*.

421. PHYTOSIS TONSURANS:—*tinea tonsurans*, common ringworm. Plaster cast of the scalp of a little boy affected with *common ringworm*; the prominent patches are composed of morbid hair matted together by epidermic and sebaceous substance. In front may be seen numerous papulæ resulting from distension of the hair-follicles with epithelial exuviæ. These papulæ have suggested a comparison between the appearance of the skin in ringworm and that of a freshly plucked fowl. A water-colour study of the pathological characters of this disease will be found in No. 128.
422. Plaster cast of another portion of the same scalp; the papulated condition of the follicles is deserving of notice.
423. Plaster cast from the scalp of the same patient.
424. Morbid hair of phytosis tonsurans, mounted as a microscopic object.

425. Another specimen of morbid hair from the same patient.
426. Another specimen of the morbid hair of *phytosis tonsurans*.
427. PHYTOSIS CIRCINATA:—*tinea circinata*; ringworm of the non-hairy skin.
Water-colour study of phytosis circinata. The upper patch was seated on the temple of a lad 13 years of age, the lower on the thigh of a boy of twelve. Both present inner rings indicative of stages of growth, and the lower patch exhibits a chain of small rings originating in separate centres of development. The constituents of the patches are a narrow papulated border or ring, more or less red, and a tawny wrinkled area marked with papular rings or scattered papulæ. *Bagg.*
28. Coloured lithograph, exhibiting a variety of the ring-like patches of *phytosis circinata*. The same general characters are apparent in all. One of the series of "Portraits of Diseases of the Skin."
429. Plaster cast of the side of the neck of a young married woman, showing an oblong ring of *phytosis circinata*. In the smaller patches the area is usually plane and free from scattered papulæ and papular rings.
430. Plaster cast of part of the thigh of a little boy, 12 years of age; the patch of *phytosis circinata* is circular in figure, the marginal ring but faintly papulated, the epidermis of the area finely wrinkled; while in the circumference of the area are seen the vestiges of several minor rings.
431. Plaster cast of the shoulder of a little girl, 5 years of age, showing two annular patches of *phytosis circinata*. Within the area of the large patch may be seen the outline of an earlier ring with scalloped border. This child was also the subject of *phytosis tonsurans*.
432. Model of the forearm and part of the upper region of the breast, showing patches of *phytosis circinata*, or, as termed by Bazin, under whose direction the patient was treated, "herpes circinatus," the word *herpes* being used, not in the English and Willanean sense of a large vesicle, but in the primitive sense of *creeping*, therefore—a creeping eruption. On the fore-

arm are seen five circular circumscribed patches with a broad, papulated, and furfureaceous border and fading centre. The papulæ at the periphery of the patch are of largest size, and at the height of their morbid activity, diminishing in bulk towards the centre, and there entirely subsiding. It is evident that the pathological characters of this form of eruption differ from those represented in Nos. 427-431, and more nearly correspond with No. 66, which is termed *lichen circumscriptus*. The patches on the arm range in size between three-quarters of an inch and an inch and a quarter in diameter, while that on the breast measures two inches.

Baretta.

433. Model of the front of the neck, chest, and shoulders of an adult female. The patient was under the care of Hillairet, who names the disease "erythema marginatum," but the pathological characters of the affection so closely resemble those of the circinate forms of phytosis, that its natural place would appear to be in the present group, or if not in this, by the side of the annulate forms of lichen Nos. 67-72. Indeed, it will be matter for future consideration to determine whether some of the forms of circinate lichen might not be transferred to the phytiform group. In the model, the right shoulder is occupied by a large patch of eruption bounded by a prominent red margin. The patch has resulted from the confluence of a number of circles; hence the boundary is scalloped and irregular. It extends upwards for a short distance upon the base of the neck, backwards to the scapula, forwards to the sternum, for a short distance downwards on the shoulder; and, between the latter and the front of the chest, there are a number of annuli of various size, depending, as it were, from the inferior margin of the patch, like the fringe of an epaulette. At the sternal extremity of this patch are two annuli, one an inch and the other two inches in diameter, with smaller satellites. A large circle, nearly two inches in diameter, with four smaller rings, is situated immediately to the right of the middle line of the sternum, and a twin circle just over the right mamma. Around the latter are upwards of two dozen spots ranging in size from two to six lines, and three or four rings. The eruption, as a whole, forms a

very remarkable picture; the areas of the rings are lighter in colour than the margins, and are marked by the outlines of previously existing rings and scattered papulæ, while the smallest patches are solid, and have not yet commenced to subside in the centre, so as to give rise to the annular character. The treatment consisted of alkaline baths and alkaline syrups, and the patient was discharged considerably improved.

Baretta.

434. PHYTOSIS FAVOSA:—*favus*; *tinea favosa*; *tinea lupinosa*. Coloured lithograph representing *favus of the scalp*. The patient was a little boy, aged 10, and the disease had been in existence for seven years. The plate may be taken as a good example of the disease. The cup-like sulphur-yellow crusts are composed of phytiform substance presenting every appearance of a fungous vegetation; they form extensive patches by their coherence (*favus confertus*), while a few isolated crusts (*favus dispersus*) may be seen near the circumference of the large patches, and a few also in the state of progressive growth. The crusts are perforated with one or two hairs, showing the relation of the morbid substance to the follicles; and the skin, where the disease has exhausted itself and the crusts have fallen off, is thinned from atrophy, and denuded of hair in consequence of obliteration of the follicles. One of the series of "Portraits of Diseases of the Skin."

435. Coloured lithograph of the same case, drawn four months later, when the crusts had fallen and the disease was in process of cure. The destructive effects of the disease are strikingly evident in the atrophic thinning of the scalp and the very extensive loss of the hair. One of the series of "Portraits of Diseases of the Skin."

436. Water-colour study of the scalp of the same patient at the latter period of the disease. The chief points of interest are, the bald areas of considerable extent, the scanty hair scattered over the denuded surface, some erythematous redness around the circumference, the remains of crusts, and epidermic exfoliation.

Bagg.

437. Plaster cast of the scalp of the same patient, made during the encrusted period of the disease. The figure of the isolated cups and their degree of elevation, with the prominent crater in the centre of the cup, are well seen, as also the cupped character of the large confluent patches, and the atrophic thinning of the denuded portions of the scalp.
438. Engraving illustrative of the pathology of *favus* and *phytosis* in general:— Figures 1–3 mark the figure and elevation of the cups of *favus*, with the relation of the favous matter to the hair-follicle. Figures 4–9 and 12 demonstrate the progressive development and growth of the favous matter, from the stage of globular cells resembling those of pus, to their plant-like and ramified forms. Figures 10 and 11 show the presence of the phytiform degeneration of the hair-tissue in the hairs of common ringworm. The observations on which these delineations are founded were published in 1847.
439. Specimen of the hair and part of a crust of *phytosis favosa*, mounted as a microscopic object.
440. Part of a crust of *phytosis favosa*, mounted as a microscopic object.
441. Model of the leg, its fibular aspect, showing the mode of manifestation of *favus* upon the non-hairy integument. The morbid portion of the skin is indicated by its purplish hue, and presents itself in the form of two circumscribed patches of considerable extent; and the peculiar cup-shaped crusts of the disease are congregated in small clusters near the circumference of the hyperæmic patches. Several of the cups are perforated through the centre by a hair, and a few incipient crusts may be seen scattered on the sound skin and marked by a red base with a yellow summit, the yellow summit being the nascent crust, which is traversed through its centre by a hair. *Baretta.*
442. Model of the thigh of a little girl, 7 years of age, showing a single large crust of *favus* measuring half an inch in diameter by nearly two lines in elevation. The case is remarkable for the large size of the crust, and for

the absence of anything similar on any other part of the body. The patient was under the care of Guibout, and the treatment adopted for the cure of the disease was, a starch poultice to remove the crust, and subsequently "antiparasitic" remedies, that is, solutions of the perchloride of mercury. *Baretta.*

443. Photograph of *favus* of the scalp. This figure, with the two following, were presented by Professor E. H. Gregory, of St. Louis, Missouri. They exhibit a view of the disease very different from that shown by the previous illustrations of the affection as it occurs in England and France, and the comparison is instructive as marking the difference of form of the same disease in different countries and in different states of society. In this photograph there is no trace of favus-cups, but an accumulation amidst the hair of a thick layer of mortar-like substance, rough and shapeless in figure, and occupying the greater part of the scalp.
444. Photograph of the back of the same patient. The crusts are circular in figure, and have the appearance of thick dabs of rough plaster adhering to the skin. On the arms several of these circular patches are blended, and give rise to a mass of considerable prominence and extent. There is no trace of isolated crusts, and no indication of the origin of the disease by small separate cups.
445. Photograph of the right forearm of the same patient, on which the favous masses more nearly resemble rough oyster-shells than anything else. Moreover, there is a circular marking on the surface of the crusts that denotes the manner of enlargement of the masses to be one of general centrifugal growth.
446. PHYTOSIS VERSICOLOR; *pityriasis versicolor*, Willan. Coloured lithograph of this affection in a man 32 years of age. The morbid pigmentation of the skin is uniformly diffused over the neck, the sides of the breast, and the front of the abdomen, and assumes the character of small oblong islets in the hypochondriac region, flanks, and upper arms. The nipple

on one side is completely encircled by a broad patch of discoloration, and only partially so on the opposite side. The disease had existed without alteration for six years. One of the series of "Portraits of Diseases of the Skin."

447. Water-colour study of the same case. *Bagg.*
448. Water-colour study of *phytosis versicolor* on the back of a man of adult age, a celebrated prize-fighter, who believed that the disease had originated in his being hocussed in order to prevent him from conquering his adversary. The affection assumes the islet-like character, and is pricked with small brown puncta of a deeper tint of colour than the superficial patches. In the lower part of the drawing the appearance of one of his nipples is shown, deeply pigmented and of a dark brownish-red tint. The disease in this patient was remarkable for intense and annoying pruritus. *Bagg.*

GROUP XVI. ONYCHOPATHIC AFFECTIONS.

449. Plaster cast of a thumb, showing *defective nutrition* of the nail. The defective nutrition occurred during an illness, and gave rise to a transverse groove in the body of the nail. The date of the illness may be ascertained by calculating the distance of the groove from the posterior wall of the nail, and the duration of the illness by the breadth of the groove. These curious observations were first made by Dr. Beau, and published by him in the 'Archives Générales de Medecine,' vol. xi. p. 447.
450. Toe-nail of a bed-ridden person, showing the extraordinary growth in length which may result from want of proper attention.
451. Two toe-nails of a similar extraordinary length.

452. Two toe-nails, one displaying excessive growth, the other perverted growth.

ONYCHOPATHIA is also illustrated in models 52, 243, 286, 288, 299, 323, and 406. No. 243 exhibits discoloration and detachment of the nails accompanying syphilitic onychia; Nos. 286, 288, and 299 are examples of leprous nails, the latter exhibiting a state of transverse fission of the nails associated with lepra; while in Nos. 52, 323, and 406, in connexion with eczema, struma, and adenosis, there exist deformity and that peculiar condition of the nail which has received the name of *onychogryphosis*; onychogryphosis being an elevation of the superficial layer of the nail by the growth beneath it of a thick wedge of amorphous epidermic substance, a morbid product of the matrix.

In the "General Pathological Series" also will be met with Nos. 2309 and 2310, and further 2318 to 2323, illustrating deformity and disease of the nails. In preparation 2309 the nail of the great toe, of abnormal length, lies across the second toe in a hollow on its surface; in 2310 the great toe-nail pushes aside the second toe; the nail of the second toe curves over its extremity, and the nails of the other toes of the same foot are abnormal. Several gigantic toe-nails are preserved in preparations 2318 and 2319. Preparation No. 2322 exhibits a nail which curiously resembles the beak of a bird, and Nos. 2320 and 2321 a keel-like longitudinal ridge along the middle of the nail, with a corresponding projecting ridge of the matrix. No. 2323 is an example of *onychomaligna*.

GROUP XVII. TRICHOPATHIC AFFECTIONS.

453. MORBUS PILARIS. Portion of cuticle from the thigh, showing the peculiar spiral arrangement of the short hairs of the body in this affection. A drawing of some of the hairs from this preparation will be found in the engraving. No. 495. fig. 10.

454. SPILUS or HAIRY NÆVUS. Photograph of a child, showing a hairy nævus that occupied the greater part of the side of the face. It covered the right ear, and was continuous with the hairy scalp. The child had numerous similar patches of small size distributed over the body.
455. Wax cast of the side of the neck of a young lad, showing a hairy nævus situated just below the body of the jaw. It was attributed to a longing on the part of the mother, during her pregnancy, for a "sucking pig."
456. TRICHODYSCHROIA; error of colour of the hair. Example of a remarkable kind of discoloration of the hair, giving rise to a striped or banded or speckled hair. Every hair presents a succession of brown and white markings, or, in other words, is alternately brown and white throughout its entire extent. The brown segment is double the length of the white, the two together measuring one-third of a line, a length probably equivalent to the growth of twenty-four hours. Every hair of the head, in a lad 7 years of age, was similarly discoloured, the change in appearance of the hair having no connexion with disorder of health, and having been first perceived at the age of four. On examination by the microscope, the white portion is found to be due to the accumulation of minute air-globules in the texture of the hair, and not to any real alteration of colour. White hairs developed during an attack of delirium tremens have likewise been found to owe their whiteness to the sudden production of minute air-bubbles which veil the pigment from view.
457. A lock of hair from the same patient, put up in spirits of wine.
458. A lock of particoloured hair, white towards the root, and brown for the rest of its extent. The alteration of colour occupied a narrow band which extended like a horseshoe around the head. The subject of the phenomenon was a young lady, 7 years of age, and the change had taken place only three months before the observation was made.
459. Two locks of hair, brown and white, apparently taken from the same head.

They had long occupied a place in the Museum, but no history is attached to them.

460. A lock of hair of a deep black colour taken from a patient suffering under Addison's disease; the original colour of the hair having been brown.

Presented by Dr. Headlam Greenhow.

461. TRICHOCLASIA:—*fragilitas crinium; broken hair; jointed hair.* Engraving of a hair from a drawing by Dr. Beigel, representing the shaft partially broken through at certain points.

462. Portion of hair affected with *trichoclasia*. Taken from the beard, the usual seat of the affection.

PLICA POLONICA. Three specimens of this curious affection are preserved in preparations 2316, 2317, and 2317 A of the "General Pathological Series."

AFFECTIONS OF THE HAIR-FOLLICLES.

No. 2308 of the "General Pathological Series" exhibits a remarkable accumulation of epidermic and epithelial sordes upon the surface of the scalp; this sordes or *dandruff*, in excessive quantity, is partly the production of the epidermis and partly of the hair-follicles and sebiparous glands, and is associated with a scanty development of hair. The preparation exhibits a double form of perverted nutrition—epithelium in excess, hair in deficient quantity, in other words, a redundant formation of a lower type of tissue with an insufficient formation of one of a higher type. The scalp appears to be that of a child.

463. FOLLICULITIS SETOSA. Model of the forearm, showing a chronic form of folliculitis accompanied with accumulation of epithelial exuviae within the follicles. The morbid affection occupies the greater part of the surface of the forearm, in some parts resembling cutis anserina without hyperæmia, in others, being slightly hyperæmic and studded with black points, the discoloured exuvial product of the follicles, which latter

projects beyond the level of the skin. A large, almost circular patch, an inch and a half in diameter, is seen a little above the wrist, and two or three patches of irregular figure higher up the arm. *Baretta.*

464. FOLLICULAR TUMOUR. Two small *follicular tumours*, showing their position within the substance of the corium, and the laminated epithelial character of their contents. Figures of these dissections were published in the 27th volume of the 'Medico-Chirurgical Transactions' for 1844.
465. Water-colour drawing of a large follicular tumour in a state of inflammation. The epithelial contents of the follicular sac are protruded from its aperture, and have hardened by desiccation to the density of horn. The tumour was situated on the back of the shoulder. *Bagg.*
466. Plaster cast of the same follicular tumour in its distended state.
467. Plaster cast of the same tumour after it had been evacuated through the existing aperture by means of a scoop. The contractile capability of the skin is shown in the state of collapse of the previously over distended integument.

Follicular tumours and follicular cysts are amply illustrated in the "General Pathological Series," for example, in the specimens numbered 155 to 157, 157 A, 158 to 163, 2291, 2291 A, 2292, 2292 A, 2293, 2293 A, 2294 to 2299. The greater part of these are human, but five are comparative, namely, 159 and 160, taken from the sheep, and 161 to 163 from the cow and the ox. The human specimens are derived from every part of the integument, but most numerous from the scalp. Of the latter, No. 2293 is remarkable for its size, measuring four inches in diameter. No. 2293 A exhibits the calvarium of a girl, aged 17, perforated by an opening caused by one of these tumours; the cyst had been growing since the age of two years, and her death resulted from an attempt to remove it by operation. No. 158 is a small cyst removed from beneath the eyebrow, and presenting in its interior several hairs growing from its sac. No. 2299 exhibits the contents of a tumour

which grew in the face; a number of lanuginous hairs being mingled with the epithelial matter, while the comparative series are all of them more or less completely filled with hair.

468. FOLLICULAR HORN. Section of a *follicular horn* composed of the desiccated contents of a follicular tumour. The horn had been growing for thirty-two years, but had only attained sufficient bulk to be insufferable during the twelve months which preceded its removal. It was situated on the upper and front part of the thigh of a female servant, aged 57, and resembled in general contour the beak of a bird, its long diameter lying parallel with the skin. Its base was oval in figure, and measured one inch and a half by one inch and a quarter. It measured in length two inches and three-quarters, and in thickness two inches; its elevation above the surface was one inch and a quarter, and its weight three-quarters of an ounce.
469. The opposite section of the same follicular horn, dried. Figures of this horn were published in the 27th volume of the 'Medico-Chirurgical Transactions' for 1844.
470. A large *follicular horn* which grew from the scalp of an adult male during a period of nine years. The horn looks as if it had been broken away from its attachment, and is twisted like a ram's-horn. It measures in its dried state somewhat more than four inches and a half in length, and two inches and three-quarters in its greatest circumference.
471. Horn of a conical figure, fibrous structure, and considerable density. It measures nearly four inches in length, and has been for some time in the Museum. There is no history attached it, but it is presumed to be a human horn.

No. 2300 A of the "General Pathological Series" is a very remarkable specimen of a follicular horn removed from the scalp of a woman; and 2300 B an equally remarkable example of horny growths from the lower lip of a man. See remarks on "horny growths" appended to the description of No. 371.

ACNE:—*Inflammation of the follicles, or folliculitis, associated with the development of the permanent hair at the period of puberty.*

472. Water-colour study of *acne vulgaris* of the back, in a young man, 26 years of age. The eruption made itself manifest at the age of seventeen, and has continued ever since. His constitution was feeble, and the affection presents all the common and recognized forms of acne, for example, there are comedones, or follicles choked with epithelial sordes and inspissated sebaceous substance; these are distinguished as grey or black puncta. Then there are small papulæ with black puncta in the centre of their summit, *acne punctata*; next follow red, conical papulæ, some with and some without pustular heads, and with a more or less inflamed base, *acne coniformis*; then there are purplish indurated papulæ of considerable bulk, and remarkable for their chronic character, *acne indurata*; and, lastly, brown stains or maculæ, and pitted cicatrices of various extent and depth. *Bagg.*

473. Water-colour study of *acne*, showing the figure of the papules and pustules, and the colour of the eruption, with its maculæ and cicatrices. *Bagg.*

474. Coloured lithograph of *acne dorsi*, from the same patient as the water-colour drawing, No. 472. One of the series of "Portraits of Diseases of the Skin."

475. Plaster cast of the breast of a young man, studded with the papulæ of *acne*, of various dimensions.

476. Plaster cast of the lumbar region of the same subject, showing larger papulæ of *acne*.

477. Plaster cast of the flank of a young woman, aged 25, showing papulæ of *acne* which have become converted into superficial abscesses.

GUTTA ROSEA:—*A folliculitis of the face appertaining to the adult period of life, a consequence of reflex irritation proceeding from the pneumogastric nerves.*

478. Water-colour study of *gutta rosea* in a woman, 40 years of age. The disease had been in existence four years, and presents an exaggerated

form of the affection. The eruption is most severe in the centre of the forehead, on the cheeks, and beneath the angles of the mouth; the patch on the forehead runs down upon the bridge of the nose, and a broad band across the nose connects the larger blotches of the eruption on the cheeks. The temples, the eyelids, and the upper lip have escaped; but there is a considerable amount of eruption on the chin, which is blended on either side with the pustular blotches below the angles of the mouth. The pathological features of the disease are—the evident thickening and coarseness of the skin, the gaping follicles, purplish or dull roseate colour, numerous dilated venules, and large pustules. A number of comedones and follicular papulæ are also found scattered in the intervals of the pustules. *Bagg.*

479. Coloured lithograph of *gutta rosea* drawn from the same patient as the preceding. One of the series of "Portraits of Diseases of the Skin."

SYCOSIS:—*A folliculitis affecting the large hair-follicles of the face, particularly those of the beard.*

480. Water-colour study of *sycosis* affecting the follicles of the beard and whiskers, and also those of the eyebrows and temples. The patient was a young man, aged 23, and the disease had been in existence seven years, probably making its beginning as a simple acne. The eruption was gradual in its invasion, occupying for three years the right side of the face only, and then spreading to the left and involving both sides equally. *Bagg.*

481. Plaster cast of the lower part of the face of the same patient.

482. Coloured lithograph of the same case. One of the series of "Portraits of Diseases of the Skin."

483. Water-colour drawing of *sycosis* in a less severe form, affecting chiefly the region of the beard and upper lip. The pustules pierced by a hair are more isolated and distinct than in the previous drawing. *Bagg.*

GROUP XVIII. STEATOPATHIC AFFECTIONS.

484. STEATOZOON FOLLICULORUM; *entozoon folliculorum*; *acarus folliculorum*, Gustav Simon; *demodex folliculorum*, Owen. Three figures of this curious animalcule:—A, its ventral aspect; B, its dorsal aspect, the head being retracted within its carapax; C, its lateral aspect.
485. Model in clay of the head of the *steatozoon folliculorum*, highly magnified.
486. Engraving of the *steatozoon folliculorum*, showing its figure, its occasional presence in considerable numbers, its position in the hair-follicle, and the structure of its head.
487. Engraving of the *steatozoon folliculorum*, showing its ova and embryonic forms. The spade-shaped forms, Nos. 20 to 23, are very commonly found; and in the early stage of development the animalcule has generally only three pairs of legs, Nos. 26 to 29.
488. Further developmental forms of the *steatozoon folliculorum*. Figure 37 is a chrysalis form. These three plates were published in the 'Philosophical Transactions,' part ii. for 1844, in a paper entitled "Researches into the Structure and Development of a newly discovered Parasitic Animalcule of the Human Skin, the Entozoon Folliculorum."
489. STEATORRHŒA. Water-colour study of the face of a woman, nearly fifty years of age, affected with steatorrhœa. The pathological characters of the affection are, an erythema of the skin with a scarcely appreciable swelling, the formation of an altered sebaceous secretion which concretes on the surface into a thin horny layer, and the subsequent breaking up of this layer into irregular scale-like fragments, which separate gradually from the inflamed skin, and then fall off to give place to another formation of the same kind. Bagg.

490. Coloured lithograph of the same case. One of the series of "Portraits of Diseases of the Skin."
491. Model of part of the face, showing an eruption on the side of the nose accompanied with the concretion of epithelial exuviæ and sebaceous substance, and attended with ulceration at two or three points. Lailier names the disease "éruption acnéiforme." The patient was a young woman of strumous constitution, aged 17, and had been for some years the subject of acne and eruptions of the skin. *Baretta.*
492. CHROMOSTEATODES; *steatorrhœa nigricans*. Water-colour study of this affection in a young lady, aged about twenty-four; the discoloured secretion appeared on the eyelids, and blackened a handkerchief when wiped off. The patient was of a highly nervous temperament, and subject to severe vomitings, and with the vomited fluids an appreciable quantity of pigmentary matter could always be distinguished. *Bagg.*
493. MOLLUSCUM ADENOSUM; *molluscum sebaceum*; *molluscum contagiosum*, Bateman. Coloured lithograph, showing a well-marked example of this curious affection, a state of hypertrophy of the sebiparous glands with accumulation and inspissation of their contents. The subject of the illustration was a child between three and four years of age; he was strumous in constitution, and the morbid affection had existed for several months. The pathological features of the disease are—the globular tubercles with central hilum, their pale colour and lobulated figure, and their evident construction of a thin layer of skin stretched tightly over a contained globular mass. On the neck the little tumours present various stages of growth, and two have become united into a confluent mass. One of the series of "Portraits of Diseases of the Skin."
494. Water-colour study of *molluscum adenosum*; the forms of the small tumour are very characteristic of the disease at various stages of its growth. *Bagg.*
495. Engraving, illustrative of *molluscum adenosum* (fig. 6), the appearance of

the under surface of the gland when enucleated (fig. 7), and the figure of the cells constituting its contained substance. The other objects shown in the plate are—the structure of a papillated wart (figs. 1, 2, and 3), section of a corn (fig. 4), a spine of horny ichthyosis (fig. 5), a section of the pimple of acne with its appended sebiparous gland (fig. 9), and the peculiar coil of the hairs of the skin in the affection termed “morbus pilaris” (fig. 10). See preparation No. 453.

496. Model of the side of the neck and breast of a young girl, aged 19, affected with *molluscum adenosum*. The tubercles are of small size, of a pale red colour, and several are surmounted by a small cylinder of dried sebaceous substance which has been compressed through the hilum. There were twenty of these small growths on the right side of the neck, and seven or eight on the left, and the constitution of the patient was strumous. The affection is rare in France, and Lailier does not recognize it as molluscum, but calls it “acne varioliforme.” He very truly observes that the enlargement is not due to the accumulation of sebaceous substance in the central duct of the gland, but that the lobes and lobules are equally distended; and that the umbilication of the little tumour is produced by the expansion of the superficial lobules of the gland around the orifice of the excretory duct, the latter being retained in position by the interlobular septa, which are, as it were, inserted into it. Lailier besides, contributes curious confirmation to the contagious nature of the disease; for without knowing it to be an affection which had given rise to much controversy as to its contagiousness, he remarks, that a young girl of scrofulous diathesis who occupied the same ward and passed the whole day with the patient was also attacked with a similar eruption. *Baretta.*

497. Plaster cast of the breast, studded with small papular prominences, consisting of closed or aborted follicles distended with a fluid secretion.
498. Plaster cast of the hip of a young gentleman, aged 18, exhibiting an encysted vesicular affection of the skin, the small prominences, isolated and clustered, being transparent cysts filled with serous fluid.

GROUP XIX. IDROTOPATHIC AFFECTIONS.

499. Section of a portion of injected skin of the palm of the hand, showing the sudoriferous ducts, together with the papillæ cutis. From a patient who had long suffered under Hyperidrosis.
500. Section of a portion of the same preparation. Besides the sudoriferous ducts, a cluster of sudoriparous glands may be seen near the middle of the section, the sudoriparous glands being surrounded by a plexus of capillaries.
501. Sections of the same preparation made transversely to the ridges of the cuticle; the papillæ cutis are isolated, and a sudoriferous duct may be seen traversing the cuticle as though it were issuing from the papilla.

MISCELLANEOUS.

502. Plaster cast of an anomalous tubercular eruption of the skin, presenting itself in the form of minute papulæ, small tubercles, and prominent blotches. The papulæ, one line in diameter, are, some dispersed, some confluent, and others aggregated into small prominent corymbi, the latter being circular or oblong in figure. This form of the eruption is most striking on the shoulder; higher up in the neck the corymbi are tumid and smooth, and their original papular structure is partly effaced; they are, in fact, converted into papulated tubercles, while just beneath the ear are several distinct tubercles of about two lines in diameter, which have originated in their present form. A large, prominent, and wrinkled blotch is seen below the jaw, and smaller circular and tumid

blotches near the angle of the nose and mouth and in front of the ear, the latter blotch being nearly two inches in diameter, its area slightly depressed, and border prominent.

503. Water-colour study of the face and neck of the same patient. Oblong papulated tubercles are seen on the neck, circular primitive tubercles on the temple, the ear, and around the mouth, and large prominent tumid blotches on the cheek and forehead. The greater part of the face is in a state of erythematous congestion, which has extended to the eyelids and produced eversion of the lower lid, while crusts, indicative of superficial ulceration, are seen on the bridge of the nose and on one of the circular blotches near the ala nasi. *Bagg.*

504. Coloured lithograph of the same case. The patient was unmarried; she had never any affection of the generative organs, she was not subject to sore throat, but had during the last six years occasional attacks of rheumatism. Eight years back, while menstruating, she experienced a fright, the catamenia were checked, and did not reappear for six weeks; soon after she became the subject of violent fits of flushing, which affected the left arm, left side of the forehead, and right cheek; the heat was excessive—in her own words, it was “dreadful.” For some time the flushings came and went, but after a few weeks they were permanent; the affected parts were prominent, rough, and covered by an altered epidermis; she compared them to the rough bark of a tree. The patch on the arm was as large as a half crown, and had a white centre; it was similar to the large circinate patch on the cheek. A year later a patch made its appearance on the right arm and another on the neck; they were very slightly raised and itchy, and were followed by the appearance of the eruption on the face. After enduring the disease for four years, she was mercurialized for a year with no better result than an aggravation of the eruption. She had now reached the age of 49, when menstruation ceased, and with its cessation the cutaneous disorder assumed increased vigour of development; it broke out over the whole body in the form of tubercles. The tubercles were circular in figure

and very numerous, and had the general character of those seen on the temple and upper lip. The only parts of the body excepted from the eruption were the legs below the knees and the hands. Although this case is termed syphiloderma tuberculatum hereditarium in the "Portraits of Diseases of the Skin," its dependence on syphilis is more than doubtful.

505. Anomalous ulcerative tubercular eruption. Photograph of a man, aged 48, who was admitted into hospital in December 1868, and died in February 1869. In the anterior view several ulcers are seen on the breast and shoulders, and one of large size on the right thigh. In the posterior view five ulcers are seen on the right side of the back, and a large ulcer on the right thigh.
506. Photograph of the same patient taken two months later than the preceding, and a fortnight before his death. The tubercles and ulcers have made a rapid increase both in number and size, and the ulcer on the thigh has acquired very considerable dimensions.
507. Back view of the patient taken at the same time, showing numerous and extensive ulcers on the back as well as upon the arms and thigh. In all the figures the exactly circular figure of the ulcers is noteworthy, as also the prominent border by which the ulcer is surrounded.

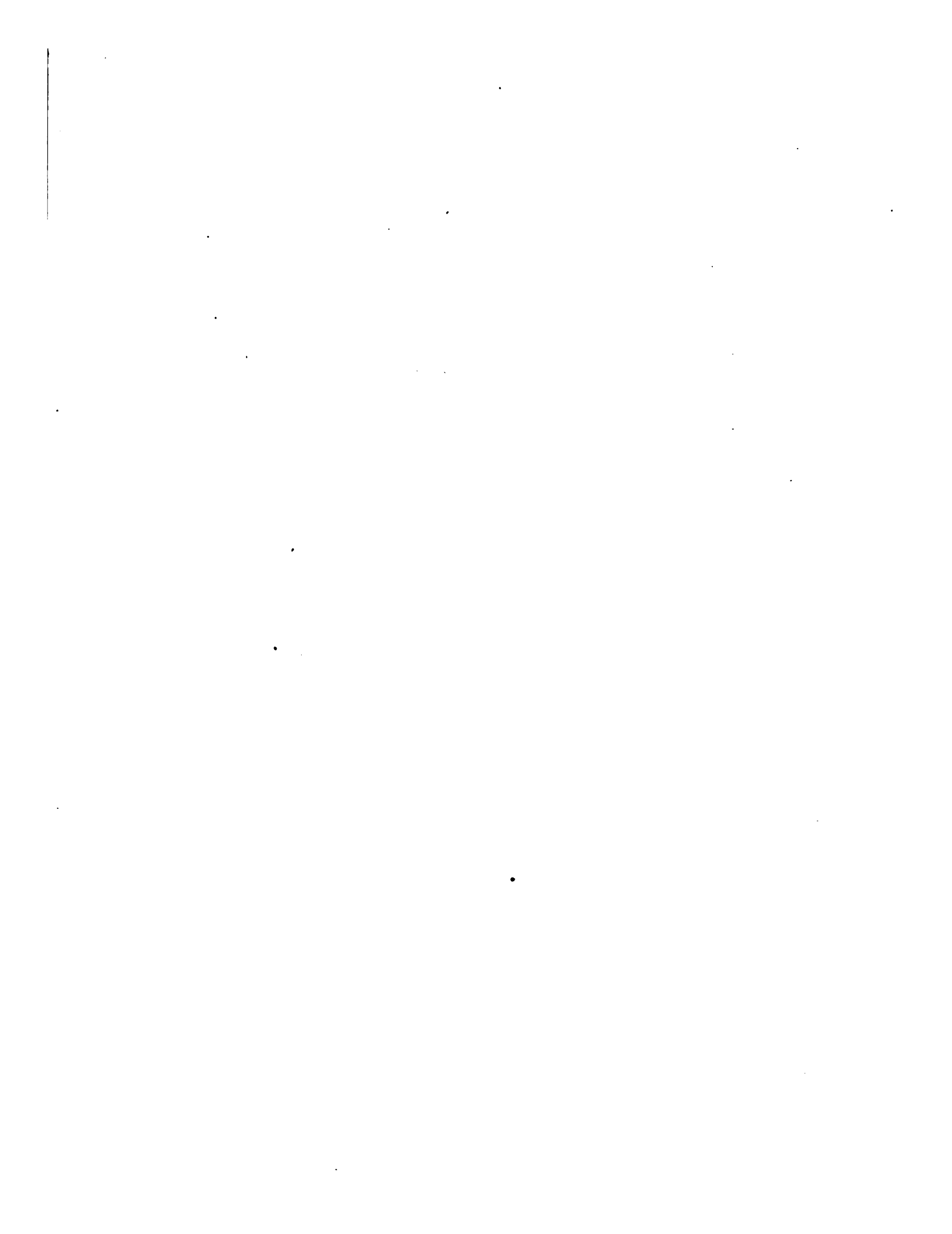
These photographs were presented by the late Thomas Nunneley, F.R.C.S.E., of Leeds; and a portion of the morbid skin from the inner and upper part of the left thigh is preserved in the Museum, in preparation 2270 D, having been presented as a specimen of "Elephantiasis Græcorum."

Mr. Nunneley, unfortunately, has left behind him no history of this case, but it must be obvious that it is not one of elephantiasis. It belongs very probably to the group of medullary tumours, and is sufficiently remarkable to deserve as complete a description as can be given from inspection of the preparation. The first point that strikes the attention on a close examination of the preserved portion of skin is, that

the tumours and ulcers are entirely superficial, that they are confined to the surface of the derma, and that the morbid degeneration of tissue and ulceration do not penetrate the corium. The surface of the skin is coarse and pimply, an exaggeration of cutis anserina, suggesting the idea that the hair-follicles, and possibly the sebiparous glands, are in a state of hypertrophy. Next, it is seen that the skin is studded with tubercles, amounting to between forty and fifty in number, and that the tubercles range in size from about one quarter of an inch to an inch and a half in diameter, the greater number of the tubercles being intermediate in breadth between these two extremes, and their elevation not exceeding two lines. The smallest of the tubercles are evenly convex in figure, few in number, and smooth in the centre. In some of these, a little more advanced, a group of three or four follicular prominences form a kind of papula on the summit of the tubercle. The papula undergoes a change of colour, assumes (in the preparation) a buff-coloured tint, and becomes surrounded by a slightly prominent border, which runs through similar phases. Then another prominent annulate border makes its appearance exteriorly to the preceding and within the limit of the tubercle itself. At this stage the appearance of the tubercle suggests the idea of the iris; there is, first, the buff-coloured centre, then a circle around it, also buff-coloured, but of a different tint and more or less puckered, and beyond that the prominent and nodulated border constituting the circumference of the tubercle. And this may be regarded as the mode of growth of the tubercle, namely, by the propagation of the morbid process by centrifugal enlargement, and by the successive development of fresh rings around those previously formed. In the next place we may observe that the buff-coloured change in the appearance of the centre of the tubercle denotes a process of degeneration or softening, and that after the discoloration has reached the outer border of the second ring, the discoloured portion is apt to separate around the edge, and the edge becomes raised and loose, and assumes the character of a slough; and a further extension of this process of degeneration or softening and sloughing gives rise to the circular ulcers which are so remarkable in appearance, and of which several are seen in

the preparation. It will be seen also that the ulcers are quite superficial, and that their apparent depth results from the prominence of the rounded border of the tumour which forms their boundary. This boundary wall is vertical towards the cavity of the ulcer and sloping towards the surrounding skin. The pathological process now described is evidently unlike the ulceration of syphilis or elephantiasis. Another preparation (No. 2303), described as a portion of the integument of the thigh affected with medullary tumours, would seem, however, to throw some light on the subject. In it there will be seen the same circular, flattened, and umbilicated tumours, and the same general pathological physiognomy.

508. ACARUS SCABIEI; female specimen, mounted for the microscope. *Vide* GROUP I., page 11.
509. Four specimens of *acarus scabiei*, mounted for the microscope.
510. Several specimens of *acarus scabiei*.
511. Specimen of the *acarus scabiei*.
512. Specimen of the *acarus scabiei*.
513. Siliquous or pod-like crusts from the lips of a patient affected with eczema mucosum. *Vide* GROUP I., page 10, where it is numbered in error 507.



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