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THE TREATMENT
OF
SKIN DISEASES

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NOTES ON THE TREATMENT OF SKIN DISEASES.

BY

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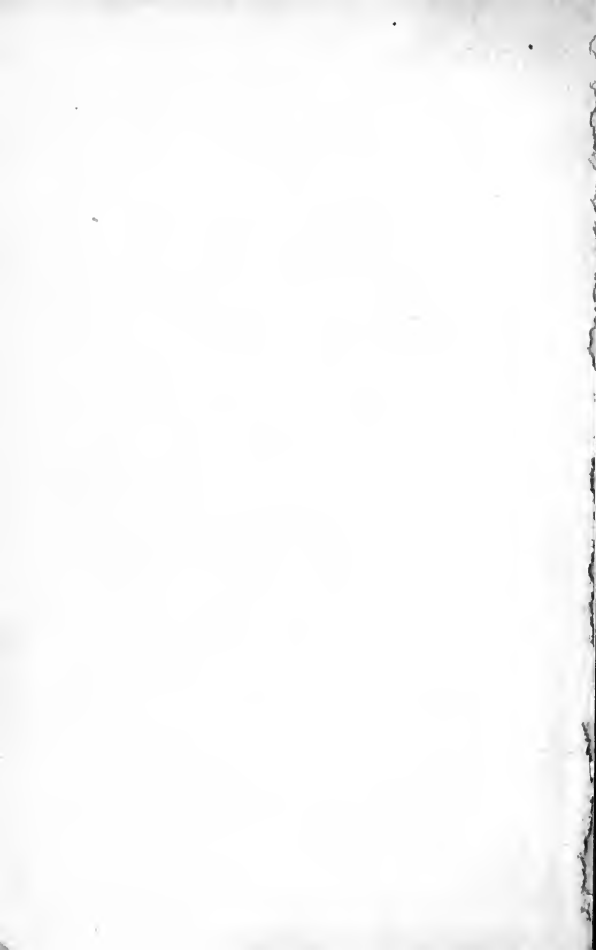
LATELY PHYSICIAN AND LECTURER TO MIDDLESEX
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THE SKIN DEPARTMENT.

FOURTH EDITION, REVISED AND ENLARGED.

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PREFACE
TO
THE FOURTH EDITION.

IN the present Edition I have rewritten the Chapter on Classification, and at the suggestion of one of my critics I have added an Index. These changes, together with some new hints on treatment, which a more extended experience has suggested, constitute almost the only alterations in the Fourth Edition.

11 MANCHESTER SQUARE.



PREFACE

TO

THE THIRD EDITION.

IN the present Edition I have carefully abstained from altering in any respect the character of this book. I have, however, added a short chapter on the morbid anatomy of the skin; and also somewhat enlarged the account given of several diseases, such as Erythema, Ichthyosis, Miliaria, Psoriasis, Tinea decalvans, &c. Reference has been made, for the first time, in this Edition to the use of Goa powder in the treatment of Tinea tonsurans, to chloral camphor in Pruritus, nitrite of lead in Onychia, and to some other remedies. Lastly, a brief notice of Xanthoma, Lichen planus, Pityriasis rubra, and Epithelioma, has been for the first time introduced.

11 MANCHESTER SQUARE.



PREFACE

TO

THE FIRST EDITION.

THESE Short Notes on the Etiology and Treatment of Skin Diseases were prepared with a view to their private circulation amongst the students of my class in Cutaneous Medicine at the Middlesex Hospital. I have, however, published them at the request of some of my friends and former pupils. The Notes consist of a few general remarks on the Etiology, Diagnosis, Treatment, and Classification of Skin Diseases, followed by some short sketches on the nature, history, and best modes of dealing with ordinary cutaneous affections. To this are added a Glossary of Terms in common use, and numerous Formulæ derived chiefly from the prescriptions of Hebra, Anderson, and the Pharmacopœia of the Skin Hospital, Blackfriars.

11 MANCHESTER SQUARE.



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NOTES ON THE TREATMENT
OF
SKIN DISEASES.

MORBID ANATOMY.

DISEASES OF THE SKIN, regarded simply from an anatomical point of view, may be divided into four principal groups: I. Those which are the result of inflammation of the skin; II. Those due to abnormal conditions of the secreting apparatus; III. Affections which depend on an altered state of nutrition apart from inflammation, and include hypertrophic and atrophic changes; IV. Morbid growths of the skin. It is to the first of these groups that the *elementary lesions* of the skin especially belong. These lesions are of two kinds: 1. those which are *primary* and belong essentially to the inflammatory process; 2. those which are secondary, and only the indirect or accidental results of that process.

The chief primary changes or lesions are active congestion and the formation of papules, wheals, vesicles, bullæ, pustules, and squamæ: all these are the direct consequence of inflammation of the skin. Tubercles must also be classed amongst elementary lesions, but are not necessarily the result of inflammation; they may be due to hypertrophic changes or morbid growths. The chief

secondary changes are those of pigmentation (maculæ), ulceration, desquamation, and the formation of excoriations, crusts, and scars.

All eruptions of an inflammatory nature begin with congestion of the papillary layer of the skin, either diffuse or circumscribed; the capillaries of the papillæ become highly injected, and look like minute bright dots under the cuticle. When this is diffuse, the skin, seen at a little distance, assumes a uniform red appearance, to which the term erythema is often misapplied. We have an excellent example of this hyperæmic state of the skin in some forms of urticaria and in scarlatina. Inflammatory hyperæmia of the skin is often followed by desquamation of the horny layer of the cuticle. Some writers hold with Niemeyer that desquamation is only produced by an exudation into and between the layers of the cuticle, thus causing their separation and shedding. That this is sometimes the case no one can doubt; but it cannot be proved in all cases, and it is not improbable that certain kinds of desquamation may be simply the result of the high temperature and altered circulation so far interfering with the nutrition of the outer cuticle as to cause its death and separation; in short, that the process is a kind of exaggeration of the normal desquamation of the epidermis. But to return; the inflammatory process may stop at the stage of active congestion, but more commonly the hyperæmia of the papillæ is followed by an exudation of serum into their substance, especially into those situated around the hair-follicles, and thus at each follicle is formed a raised spot called a *papule*; good examples of papules of this kind are to be found in measles. Sometimes the exudation is of a plastic nature, and then a hard solid persistent papule is formed such as is met with in prurigo and lichen planus. In these

diseases the inflammatory process stops, or rather reaches its acme, with the formation of papules, so that they are usually regarded as typical papular diseases of the skin. In other cases, however, the serous exudation is not confined to the papillæ, but finds its way into and between the cuticular layers, and thus the horny layer of the cuticle becomes raised by the fluid in the form of minute blisters or *vesicles and bullæ*. This is well seen in herpes and pemphigus, and may occur exceptionally in almost any inflammation of the skin. In some diseases, the vesicles are apt to be crowded together, and break so as to leave a portion of the skin denuded of the outer cuticular layer: this is constantly the case in eczema. Exceptionally in some diseases, and as a rule in others, the vesicles become converted into *pustules*, which at last burst and form thick yellowish scabs, or crusts. The production of a scar depends on the depth and character of the inflammation; if the suppuration extends into the deeper layer of the skin, as happens sometimes in Small-pox and Herpes Zoster, scars are apt to be formed. Their presence always indicates a destruction of a portion of the true skin, which is imperfectly replaced by fibrous tissue; this contracts, and leaves a pit or depressed white mark.

The two remaining primary elementary lesions to which reference has been made, are *wheals* and *squamæ*. Each is respectively characteristic of a peculiar variety of the inflammatory process; the former is pathognomonic of Urticaria, and the latter of Psoriasis. The production of wheals is closely related to the formation of serous papules, the difference being that the papule is formed by exudation around the hair-follicle and the wheal by serous exudation into a larger circumscribed area of the vascular layer of the skin, and not localised

around the follicles. The swelling of the wheal is partly due to the highly injected condition of the capillaries and partly to the serous exudation which is poured out with great rapidity. The pressure of this exudation is often so great as to squeeze out the blood from the central portion of the wheal, and thus is produced the characteristic pale centre with the bright red circumference. The exudation does not generally extend into the cuticular layer, and is therefore easily reabsorbed by the vessels; hence the almost sudden disappearance of these peculiar swellings.

The production of *squamæ* is, as I have said, characteristic of Psoriasis. It is true that in a less restricted sense scales may result from the hardening of an exudation, as in scaly Eczema, or from sebaceous matter, as in Ichthyosis. But *scales* proper are formed only by an inflammatory overgrowth of the epidermis, which is produced more rapidly than it is shed, and consequently forms raised masses of cuticular cells on an inflamed base. In this sense *squamæ* produced without inflammatory exudation are characteristic of Psoriasis. A more extended use of the term is, however, common. Tubercles of the skin belong, for the most part, to hypertrophic or morbid growths, and are common in Syphilis, Elephantiasis Græcorum, and Fibroma; but it must be understood that the term is one of uncertain signification, and is far from being well defined.

A short account of the secondary Elementary lesions will be found under the head of 'Definitions.'

ETIOLOGY.

THE CAUSES that give rise to Skin Diseases may be conveniently divided into two classes: I. Those which are internal or constitutional; II. Those which are external.

I. Of the internal causes of cutaneous diseases, the following are most commonly recognised:—

1st. An hereditary taint, or tendency to certain forms of disease. Striking examples of this are seen in the transmission of Infantile Syphilides, and in Ichthyosis and Xeroderma, which are strictly and almost solely hereditary. This is scarcely more than we should expect, judging from the fact that shades of colour and texture of the skin and hair are so frequently transmitted from parent to child. Again, Psoriasis, Eczema and Lichen are also more or less hereditary, and may sometimes be traced back for three or even four generations in the same family.

2nd. Blood poisoning from contagion is instrumental in the propagation of acute specific fevers, in some of which, as Variola and Varicella, the eruption forms a prominent and important part of the disease, while in others, such as typhus fever, it is a comparatively unimportant feature.

3rd. Natural functions, temporary disorders, and organic diseases of internal organs, may act secondarily in producing eruptions. For example, menstruation, pregnancy, dentition, intestinal worms, are all well-known exciting causes of skin affections.

4th. Age and sex exercise an important influence on the development and propagation of some skin diseases. Thus, Lupus is more common in women than in men, and

is rare except between the ages of thirteen and thirty. Porrigo is a contagious disease almost peculiar to children; and Acne simplex is usually limited to the age between seventeen and twenty-five. Of parasitic affections, Tinea tonsurans of the scalp is far more contagious and common among children than adults, while the reverse holds with regard to Tinea (Pityriasis) versicolor. Again, certain mild forms of Acne rosacea are almost confined to women. Sycosis, on the other hand, is a disease peculiar to men.

5th. Among general diseases may be mentioned rheumatism, and more especially gout, as favouring the development of Psoriasis and Eczema.

6th. Certain foods and drugs have a tendency to produce changes or eruptions in the skin. Amongst the former should be noticed alcohol as generating a severe kind of Acne rosacea, and shell fish and fruit as common causes of Urticaria; and amongst the latter we occasionally see eruptions produced by arsenic, mercury, belladonna, copaiba, and some other drugs, but their effect in this way is very uncertain and fugitive, and appears to depend much on the idiosyncrasy of the individual.

II. 'Much more potent,' says Hebra, 'in the generation of diseases of the skin than the internal causes which have their seat in the organism itself, are those agencies which are external to the body.' Of these latter I may call attention to the following as being the most active.

1st. Want of cleanliness and general neglect of the skin amongst the children of the poorer classes is a most fertile source of skin disease. We meet with examples every day of Eczema and other eruptions on the scalp, mainly produced by neglect, accumulated dirt, and pent-up secretions.

2nd. Irritating applications to the skin, whether in the form of drugs, or the friction of flannel underclothing, or local irritants met with in particular trades and occupations, all have a marked effect in exciting various forms of Eczema. Some individuals are so sensitive to local irritation, that even a simple plaister will produce a copious eruption of vesicles.

Everyone is familiar with the so-called bakers', bricklayers', and grocers' itch, which are nothing more than forms of Eczema, said to be induced by handling flour, lime, and groceries. Washerwomen suffer from a somewhat similar kind of Eczema, caused by the nature of their occupation. Again, vaccination frequently produces an attack of Eczema, simply by setting up local irritation.

Lastly, scratching plays an important part in propagating and modifying skin diseases. Scabies, for example, is quickly transferred from one part of the body to another by this means. So also is Porrigo, while eczematous eruptions are greatly aggravated by the almost constant scratching and rubbing that the skin is subjected to by the sufferer.

3rd. Animal and vegetable parasites are amongst the most important external causes of skin disease. Of the former we have the *Acarus scabiei* and the various species of *Pediculi* producing respectively Itch and Prurigo. The latter includes the *Trichophyton tonsurans*, the supposed exciting cause of *Tinea tonsurans*, the *Microsporon furfurans* in *Tinea versicolor*, and the *Achorion Schoenleinii* of Favus.

Lastly, climate and sudden changes of temperature may be included amongst the less important exciting causes of cutaneous affections.

DIAGNOSIS.

‘For the recognition of a disease of the skin,’ says Hebra, ‘no other assistance is required than a knowledge of the objective symptoms, which are visible on the surface of the body in each particular case. We do not attach any value whatever either to the history or to the subjective phenomena in investigating a cutaneous affection.’ Now, it is true that the sight, touch, and smell are sufficient in most cases to lead us to a correct determination of the cutaneous affection, but it occasionally happens that the history of the case and the subjective phenomena do really serve as valuable aids to diagnosis, especially when the time allowed for examination is short. For example, in deciding upon the nature of an eruption, presenting all the external symptoms of Scabies, but in which the Acari have not been found, the knowledge that several members of the same family are suffering from a similar complaint, attended with much itching, would lead us to the conclusion that we had to deal with a case of Scabies. On the other hand, the absence of itching, and a history almost conclusive of the non-contagious nature of the disease, would go far to exclude the possibility of Scabies. I think, then, that the history and subjective phenomena should not be neglected, although they must always be held of secondary value, as a means of diagnosis.

The first point, and one of the highest importance in the diagnosis of skin disease, is to inspect the *whole of the eruption*; for nothing is more likely to lead to a mistaken conclusion than seeing only a small and perhaps easily exposed portion of the cutaneous surface. In the case of men and children there is no difficulty in

examining the whole of the body, if necessary; but in dealing with women a little explanation and tact may be required to convince them of the importance of making a careful investigation.

Secondly, it should never be forgotten that scratching has a great tendency to alter the appearance of eruptions, while at the same time it gives the most certain indication that the disease is attended with itching. This fact may be of value as assisting in our diagnosis; certain diseases, such as Eczema, Lichen, Scabies, and Prurigo, are invariably accompanied by it, whilst in Syphilides it is rarely met with. It is therefore most important to have a thorough acquaintance with the effects produced by scratching, and with the modifications that a skin disease may undergo in consequence.

Thirdly, a knowledge of the fact that eruptions are frequently mixed, is essential in arriving at a correct diagnosis. Urticaria, for example, is commonly associated with many forms of skin eruption, while Eczema is met with in combination with Scabies, and occasionally with Psoriasis; and at Vienna, Favus and Tinea tonsurans often appear together.

Fourthly, we must not forget that in many skin diseases the eruptions are apt to be abortive; that is, they do not arrive at their full development. Modified small-pox often supplies us with a good example of an abortive eruption—many of the vesicles, instead of forming pustules in the usual way, wither and dry up. In Herpes Zoster again, the later and outlying papules that appear, do not always pass to the stage of vesicles, but simply shrivel up. Eczema is another affection which is very liable, from some accidental cause, to run an irregular or abnormal course; it not unfrequently stops short in the papular stage, and when this happens over a large cuta-

neous surface, and no vesicles or excoriations appear, it may lead to the erroneous conclusion that the disease is not Eczema but Lichen.

Lastly, we must not fail to take into consideration the age, sex, and occupation of our patient, his previous history and present mode of life, the general constitutional symptoms from which he suffers, as well as the locality of the parts affected. In short, in order to make an accurate and satisfactory diagnosis, the case must be viewed as a whole, in all its bearings, and not judged of by simply the inspection of a small patch of the cutaneous surface, or by a cursory glance at its general appearance.

TREATMENT.

In the treatment of skin diseases, the first point demanding our attention is the general or constitutional health of our patient, the state of which should be carefully investigated and dealt with, just as if no skin affection existed. For example, we commonly find Cachexia and Anæmia associated with certain forms of cutaneous disease, but the treatment we adopt is precisely the same, whether they are thus associated or not, *i.e.* we should in all cases give tonics, good food, and fresh air.

Again, disturbance of the menstrual functions is a very common malady, and one which is usually benefited by the judicious use of iron and aloetic purgatives. Now, we should not alter our general treatment because the disorder may be accompanied with Acne rosacea; on the contrary, we should have reason to hope that if we enabled the internal organs to resume their proper functions, the eruptions would diminish or disappear.

To take one more example. We should treat gouty

Bronchitis in a person affected with Eczema or Psoriasis, just as we should in one who had a perfectly healthy skin. And so in every instance our treatment should be adopted with the view of restoring, as far as possible, the general health, knowing that by so doing we shall, in many cases, remove an exciting cause of the eruption.

In the second place, we must bear in mind that there are many varieties of skin disease in which the local affection is the sole lesion, the patient being otherwise in a perfectly healthy state. We meet with examples of this kind in eruptions of a parasitic nature, such as Scabies; also more rarely in others of a different kind, such as Eczema. Now, in dealing with these cases, everything depends on local remedies. It is true, that we may sometimes with advantage administer Fowler's Solution, but it is with the object of producing a special local effect upon the skin, not upon the system generally. But while admitting that some eruptions require only general and others only local treatment, there yet remains a large class with regard to which a combination of both methods is the only satisfactory course to pursue.

Upon the question of metastasis of skin affections under local treatment, Hebra expresses very decided views. He says: 'We find chronic dermatoses alternating with acute affections of the internal organs, disappearing during the course of these complaints, and showing themselves anew while convalescence is in progress. We never observe the reverse,—that is to say, that the skin disease vanishes first, and that the visceral affection occurs afterwards as a result of its disappearance. The idea that this might take place had formerly, as is well known, very many, and has, unfortunately, even now some, supporters, and gave rise to the doctrine of the liability to metastasis of chronic skin affection, a

doctrine utterly without foundation.' Now, without denying the general truth of Hebra's assertion, we must bear in mind that the sudden healing of open discharging sores is sometimes attended with unpleasant consequences. Everyone has met with cases where the removal of a seton, or the healing after operation of an old-established fistula, has been followed by symptoms of a serious kind, that could be attributed to no other cause. But be that as it may, ordinary skin disease may be fearlessly treated by local means, and cured as quickly as possible without any risk to the patient.

Lastly, success in dealing with cutaneous affections depends more on the skilful application of external remedies than on any one thing else; therefore, the most careful and minute instructions on this point should be given to the patient. It is hardly too much to say that when remedial agents are made use of by a person possessing the requisite mechanical skill and scientific knowledge, the disease will be cured in less than half the time required to produce the same result if placed in ignorant and unskilled hands.

CLASSIFICATION.

Almost every writer on diseases of the skin has been dissatisfied with the classification adopted by his predecessors, and has therefore introduced a new one of his own. This fact alone is circumstantial proof that no very satisfactory system has ever yet been invented. One of the oldest and best known of these systems was that followed by Willan and Bateman, basing the grouping and nomenclature upon elementary lesions of the skin. Thus,

for example, papular diseases formed one group, vesicular another, pustular a third, and so on; by which method very dissimilar diseases, such as Scabies and Small-pox, are classed together, while others closely allied are separated. Moreover, one and the same skin affection, such, for instance, as Eczema, may be either papular, vesicular, or pustular, according to its stage of progress, or other attendant circumstances; thus, if this plan of classification were rigidly adhered to, this disease would occupy a place in different groups, according to the changes in its external appearance.

One of the best classifications yet introduced is that adopted by Hebra, which is based chiefly on morbid anatomy. He divides skin diseases into twelve classes:—

- | | |
|--|---------------------------------------|
| I. Hyperæmiæ. | II. Anæmiæ. |
| III. Morbid conditions of the secretion of the cutaneous glands. | |
| IV. Exudations. | V. Hæmorrhages. |
| VI. Hypertrophies. | |
| VII. Atrophies. | VIII. Neoplasmata (innocent growths). |
| IX. Pseudoplasmata (malignant growths). | |
| X. Ulcerations. | XI. Neuroses. |
| XII. Parasitæ. | |

Of these he remarks: 'For the denomination of the first eleven classes or families, I have employed the name of a pathological process, that is to say, of a thing which, being only a conception of the mind, and invisible, can be recognised only by its effects. On the other hand, the name of the twelfth class is derived from the cause of the diseases which belong to it, which cause is positive and has a real existence. But although I must thus admit the logical defect in the principle of classification which

I have adopted, yet I have not been able to remedy it, without risking the practical usefulness of the system.' Amongst these divisions, Classes III. and XII. are well-defined and practically useful groups, and, together with Class IV. (Exudations) and Class VIII., include almost all ordinary skin diseases.

All syphilitic eruptions may advantageously be classed together, irrespective of their external form and appearance, the cause of disease in this case being a satisfactory bond of union between them, just as in the parasitic affections.

In the nomenclature of syphilitic eruptions it is usual to adopt the names of the ordinary skin diseases which they most nearly resemble, with the word syphilitic placed before them; thus we speak of Syphilitic Acne or Syphilitic Herpes. This system of nomenclature is, however, necessarily very imperfect, and extremely apt to mislead beginners into the belief that the nature and course of any syphilitic skin disease are more closely allied to those of the simple disease from which it takes its name, than is really the case.

The following plan of classification is that recommended by the writer as most convenient; it differs a little on the one hand from Neumann's Simplification of Hebra's System, and, on the other, from Erasmus Wilson's excellent and more fully developed plan of classification.

CLASS I.—INFLAMMATIONS.

SUB-CLASS I.—The EXANTHEMATA, HAVING A DEFINITE ACUTE COURSE.

- A. Morbilli. B. German Measles. C. Scarlatina.
D. Variola. E. Varicella.

SUB-CLASS II.—INFLAMMATIONS, HAVING AN
INDEFINITE COURSE.

Group 1.—*Erythematous Group*.

- A. *a.* Erythema multiforme. *b.* Erythema nodosum.
B. Erysipelas. C. Urticaria.

Group 2.—*Furuncular Group*.

- a.* Furuncle. *b.* Anthrax.

Group 3.—*Acne or Pimply Group*.

- A. Acne. B. Sycosis. C. Acne rosacea.

Group 4.—*Eczematous Group*.

- A. *a.* Eczema. *b.* Pityriasis rubra. *c.* Porrigo.
B. Ecthyma. C. Psoriasis. D. Prurigo.
E. Lichen ruber.

Group 5.—*Herpetic Group*.

- A. *a.* Herpes Zoster. *b.* Herpes labialis.
B. Pemphigus. C. Miliaria (Hebra).

CLASS II.—HÆMORRHAGES.

- a.* Purpura simplex. *b.* Purpura hæmorrhagica.
c. Purpura rheumatica.

CLASS III.—ANOMALIES OF THE SKIN GLANDS.

1. Morbid changes in the Sebaceous Glands and their secretion.
 - A. Seborrhœa. B. Deficient secretion of Sebum.
 - C. Comedo. D. Miliium. E. Molluscum contagiosum.
2. Morbid condition of the secretion of Sweat.
 - A. Hyperidrosis. B. Anidrosis. C. Bromidrosis.

CLASS IV.—ANOMALIES OF NUTRITION OR GROWTH.

Group 1.—*Hypertrophies.*

- A. Epidermic :
a. Lichen pilaris (Willan and Hebra). *b.* Verruca.
c. Clavus.
 B. Of the Corium :
a. Elephantiasis Arabum. *b.* Scleroderma.

Group 2.—*Atrophies.*

- A. Atrophy of the Cutis. B. Atrophy of the Hair.
 C. Alopecia senilis. D. Alopecia areata.

Group 3.—*Anomalies of Pigmentation.*

- A. Leucoderma. B. Abnormal increase of Pigmentation, as Ephelis, Lentigo, &c.

Group 4.—*Malformations (congenital).*

- A. Diffuse : Ichthyosis.
 B. Circumscribed : *a.* Nævus. *b.* Moles, &c.

CLASS V.—NEW FORMATIONS.

1. Lupus. 2. Epithelioma. 3. Carcinoma.
 4. Fibroma. 5. Keloid. 6. Xanthoma.

CLASS VI.—GENERAL CONSTITUTIONAL DISEASES.

1. Syphilis. 2. Elephantiasis Græcorum.
 3. Pellagra. 4. Frambœsia.

CLASS VII.—NEUROSES.

CLASS VIII.—PARASITIC DISEASES.

1. Animal.

A. Scabies. B. Morbus pedicularis.

2. Vegetable.

A. Favus. B. Tinea tonsurans. C. Pityriasis
versicolor.

With regard to the classification of skin affections I would remark that there are some diseases that may be placed with (almost equal) propriety in more than one group—for in diseases, as in nature generally, the lines of demarcation are not abrupt—for example, Fibroma and Keloid may be grouped either amongst Hypertrophies or New Formations, and Morphæa amongst General Constitutional Disease or Hypertrophies. Neumann has classed Frambœsia (*see* p. 67, ‘Bulkley’s Translation’) amongst the Hypertrophies, but I believe this error must have arisen from his not being personally acquainted with the true disease, which he omits altogether and applies the name to some other disease than the Yaws of hot climates. Frambœsia may be classed either under Constitutional Diseases or under New Formations, but not under simple Hypertrophies.

ACNE ROSACEA.

ACNE ROSACEA, or Gutta rosea, is a disease of the skin affecting the face, more especially the nose, cheeks, and forehead. It consists of an increased vascularity of the parts, in the growth of new connective tissue, and in hypertrophy of the cutaneous glands. This increased vascularity and varicose condition of the blood-vessels of the parts affected, serve to distinguish it from Acne vul-

garis. Moreover, the latter affection is rarely confined to the face, but attacks likewise the shoulders and back, whereas Acne rosacea is limited to the head: it is often, however, accompanied by simple Acne. Acne rosacea in men is most common after forty, and is frequently induced by the excessive use of alcoholic stimulants. In women it often occurs at that period of life commonly known as 'the change,' and is produced by disturbance of the menstrual functions. It is, therefore, important that the general treatment should be varied according to circumstances, and adapted to meet both these classes of cases. If the disease is the result of intemperance, entire abstinence from alcohol is the most essential part of the general treatment. When the menstrual function is disordered, all the usual remedies, such as iron, aloes, &c., should be used to restore the general health. It not unfrequently happens that dyspepsia is an exciting cause of Acne rosacea, especially in those predisposed to this skin affection. In a case of this kind, the subnitrate of bismuth, with bicarbonate of soda, or ʒj doses of *Liquor bismuthi et ammoniæ citratis*, will generally be found useful, or *Liquor potassæ* and *Infusum cinchonæ* may be given with advantage.

Local treatment.—All the indolent Acne pimples should be lightly touched with a fine glass brush, dipped in the acid nitrate of mercury, and each spot dried with a little piece of blotting paper, so as not to allow much of the caustic to remain on the skin. This process causes slight pain for an hour or two, but leads to most beneficial results, as the eruption dries up under its influence. At the same time, a sulphur ointment or paste must be used: it should be rubbed in every night, and washed off in the morning; and a warm lotion containing a small quantity of perchloride of mercury should be applied with a sponge

once or twice a day, and allowed to dry on. The face may also be dusted over from time to time with ordinary starch powder. This mode of treatment sometimes produces irritation; and when this is the case it must be discontinued for a time, and cold cream applied instead. As soon, however, as the irritation has subsided, the sulphur ointment and lotion should be resumed, as they constitute the only effective remedy in the great majority of cases. The patient should be warned that the first effect of these applications is sometimes apparently to increase the mischief, but that perseverance in them is sure to be attended with success. In severe cases, Hebra recommends that the dilated veins of the part affected should be divided longitudinally with a sharp, narrow blade, or cataract knife; the blood should be allowed to flow for a little while, and the parts then touched with a brush dipped in the *Liquor ferri perchloridi*. The reaction which follows this is very slight, particularly if the operation is done in several sittings, the larger veins being first incised and afterwards the smaller ones, till at length all the visible blood-vessels become obliterated. I can strongly recommend this plan of treatment as the only successful one in bad cases of *Acne rosacea* of the nose from abuse of alcoholic drinks. The preparations most useful in the treatment of this disease are (29), (34), (86), (92), (93), (94), (100).*

ACNE VULGARIS.

ACNE is a more or less hereditary disease, does not often occur before puberty, and is most common in young people between the ages of eighteen and twenty-four.

* These numbers refer to the formulæ at the end of the book.

The seat of Acne is the hair-follicle and the sebaceous glands connected with it: in the first instance these become simply over-distended, with concrete sebaceous matter forming comedones, or little white swellings with a black spot. Inflammation is, however, very apt to occur in connection with these comedones, and then a pimple is formed, like a minute boil: the eruption generally leaves small scars. It is found on every part of the body except the soles and palms, but is most common upon the face and posterior aspect of the shoulders. The exciting causes are not satisfactorily known; but as it is often produced or increased by dyspepsia, and the disturbance of the menstrual and sexual functions, the general treatment should be directed to these or any other functional derangements. The local treatment of Acne vulgaris is very similar to that of Acne rosacea. In the first place, if the face is the part affected, it should be steamed by holding it over a basin of hot water; then the Acne punctata pimples should be squeezed, so as to set free the collection of sebum and epidermis, which occludes the hair-follicles: this can be done by the patient himself from day to day, and most conveniently by means of a watch key. The indolent acne nodules should be touched with a fine glass brush dipped in a little acid nitrate of mercury, and then dried with a piece of blotting-paper. This plan of treatment is most efficacious, and does not in any way increase the risk of a scar, but rather the reverse. Lastly, of all the local applications, sulphur is by far the most useful: simple sulphur ointment, or a lotion of sulphur and alcohol, answers very well. It should be applied every night and washed off in the morning with some glutinous fluid, such as weak gruel, a calamine lotion (99), or one of the mild perchloride of mercury lotions, such as the mercurial albuminate, may be used in the

day time. Plenty of friction with a soft nail brush, and warm soap and water every night before applying the sulphur lotion, is very effective treatment.

The most useful formulæ are (8), (15), (24), (25), (29), (34), (40), (62), (86), (92), (93), (94).

ECTHYMA.

ECTHYMA (*ἔκθυμα*, a pustule) is generally described as consisting of large isolated pustules with an inflamed base. These pustules break, and form ugly-looking scabs. It may be distinguished from Furunculus by its general appearance, and from the fact that the latter extends more deeply into the skin, and contains a small central slough. The disease, if not of syphilitic origin, is always associated with Cachexia, and is most commonly seen in badly nourished children. Good food, tonics, and especially cod-liver oil and Vinum ferri, are invariably indicated, and a mild aperient should be given occasionally. The scabs should be removed, and the ulcers, if indolent, dressed with a little Ung. rubrum; if inflamed, they should be treated with a lead and opium lotion.

The most useful formulæ are (11), (14), (18), (37), (71), (76), (89), (91).

ECZEMA.

The name Eczema (*ἐκζέω*, to boil over) is applied to a non-contagious inflammation of the skin which is remarkable for presenting great variety in its general features, development, and mode of progress. It may be papular, vesicular, or pustular, but its characteristic appearance is that of a moist surface deprived of its epi-

dermis, and more or less covered with crusts. At a later stage it generally takes the form of red and dry patches covered with thin scales. The disease is always attended with itching, and its tendency is to run a protracted course. Although Eczema is a non-contagious disease in the ordinary acceptation of the term, yet an eczematous inflammation is readily produced on or about a scratch or abraded surface, by contact with purulent eczematous discharges.

Eczema is not uncommonly an hereditary disease, and is very liable to recur in the same individual. It often appears in gouty people, and sometimes alternates with attacks of gout. External irritants applied to the skin, and especially Scabies, may be mentioned as common exciting causes, and in the legs a varicose condition of the veins tends to produce it. An attack of eczema, like gout, is easily excited in those who are predisposed to it by mental worry or anxiety.

The most important varieties of Eczema are the following:—1st. Eczema simplex (*E. vesiculosum*, *E. solare*). This is the typical form of Eczema, and consists of an eruption of small vesicles upon a reddened patch of skin: these vesicles burst, and pour out a serous fluid, which dries into a thin light crust; and if this be removed, a moist surface is exposed.

2nd. Eczema rubrum (*E. madidans*) is a severe variety of eczematous disease, which in its typical form presents bright red 'weeping' patches, often of considerable size, and most commonly situated upon the legs.

3rd. Eczema impetiginosum is characterised by the development of pustules as well as vesicles, and when these burst they form thick yellow and brown crusts, and sometimes hard dry scabs. It most frequently attacks the head.

4th. The term *Eczema squamosum* is generally used to denote a dry scaly form of the disease, sometimes bearing a close resemblance to *Psoriasis* in appearance, but differing from it in its history and nature; the skin beneath the scaly surface is more or less red.

5th. *Eczema rimosum* is a dry variety of *Eczema*, in which the cuticle becomes much thickened, hardened, and fissured. It is most often met with on the palms of the hand and soles of the feet.

6th. *Eczema marginatum* is a form which spreads centrifugally in patches, which have a well-defined raised border, and are met with on the inside of the thighs, perinæum, and gluteal region. It is a form of eruption which is very inveterate, and difficult to cure. This is due partly to the fact that the skin of the parts affected is constantly exposed to friction either from the clothes or neighbouring skin. It is, moreover, especially met with in men who ride much, but it is very rare in women. Vegetable parasites are constantly found in recent *Eczema marginatum*, and it is, therefore, regarded by some as essentially a parasitic disease.

Acute Eczema is characterised by redness and œdematous swelling or infiltration of the skin with other symptoms of inflammatory action; but it never produces the smooth, tense, shining surface seen in *Erysipelas*, and the constitutional symptoms are, moreover, less severe. The redness and swelling are followed by the eruption of numerous minute vesicles containing a clear watery serous fluid, which has the property of stiffening linen as it dries.

In the treatment of *Acute Eczema*, abstinence from pickles, spices, coffee, malt liquors, wine and spirits, should be enjoined, and sulphate of magnesia in purgative doses prescribed, or the *Haustus effervescens* (13), or

the *Haustus magnesiæ cum colchico* (17), may be ordered three times a day. The best purgative for children is a calomel and scammony powder.

In the local treatment of *Acute Eczema*, oils, ointments, and tars of all kinds must be strictly avoided: apply cold water dressing, taking care to use boiled, or, still better, soft water. If the effect of cold is desired, the water dressing should be kept thoroughly wet, and not covered with oil-silk; but if, on the other hand, cold is not specially indicated, oil-silk may be used, only in no case must the dressing be allowed to get dry. Simple lotions, such as the *Lotio plumbi*, may be substituted for water dressing, but they should be applied in the same way. If liquid applications do not suit, or are otherwise inconvenient, an excellent plan of treatment is to powder the skin lightly with a mixture of oxide of zinc, starch, and camphor (61), and then cover the parts affected with linseed-meal poultices, which should be changed pretty frequently. Rest and the recumbent position are *essential* in all severe cases of *Acute Eczema*.

Subacute or Chronic Eczema.—*Constitutional treatment.* Pickles, spices, and coffee should be avoided. Alcoholic stimulants should in some cases be discontinued for a time, but cautiously in those who have been in the habit of taking them freely. The action of the bowels must be regulated by a judicious use of purgatives. The preparations of arsenic are often very useful, either alone or in combination with iron. And in cases attended with intolerable itching, strychnine is said to do much good.

In the treatment of women, old people, and debilitated subjects, tonics are of great value, especially the different forms of iron. The *Haustus ferri* (15), or some modification of it, may be given with advantage. When the patient's general health is good with the exception

of the eruption, it is not essential to give medicine internally.

Eczema in children is often promoted, if not produced, by the irritation of intestinal worms or teething: these and other exciting causes should be removed as far as possible, and the food of infants should be carefully regulated. The mother's milk is often too poor to nourish the child, and in this case it should be fed with milk or milk and water from a bottle, or still better, by a wet nurse. In strumous children especially, but in all cases of Eczema in children, the administration of cod-liver oil is sure to do good if it can be easily digested. The *Haustus olei morrhue cum arsenico* (18) is an excellent form of medicine when it is desirable to combine arsenic with the oil.

The local treatment of Eczema is more important than the constitutional; it fails most frequently from two causes: 1st. The imperfect removal of crusts; 2nd. The inefficient and injudicious mode of applying remedies. A few general directions with reference to these two points may therefore prove useful.

To remove crusts, lubricate well with oil, or apply rags thoroughly soaked in oil for an hour or two; then use a hot bread and water poultice. If the scabs are very hard, the poultice may be left on for several hours; but this is not generally necessary. When the crusts are softened, they should be removed with the finger nail or a piece of card, and any hairs attached to them cut with a pair of scissors. The parts affected should then be well cleaned with weak gruel, yolk of egg, or soft soap and water, according to circumstances. Soft or potash soap is best applied by dipping a piece of flannel in warm water, laying a portion of soap upon it, and then rubbing the part well until a good lather is formed. Ointments should

not, as a rule, be merely rubbed on the eczematous surface, but applied carefully on strips of linen rag, which should be changed at least once in every twelve hours, and closely approximated to the part affected by means of a bandage, nightcap, mask, or strapping, according to the locality of the disease. The surface is thus thoroughly covered, and exposure to the air avoided, a matter of no small importance, as it prevents the drying of the exudation and the formation of scabs. The stronger kinds of ointment may be simply rubbed on with the finger.

Lotions when used for Eczema should generally be applied on linen rag thoroughly soaked and covered with oil-silk. The dressing must never be allowed to get dry, and it should be kept in position by bandage, strapping, or other convenient appliance. When ointments and lotions are employed alternately, the parts affected must be thoroughly dried before each fresh application of the ointment. In subacute eczema, when there is a large excoriated surface, the Linimentum calcis (made with linseed oil) to which a few drops of creasote has been added, will be found an excellent application.

Tars, unless well diluted with mild ointment, must never be used until the red points and infiltration of the eczematous surface have disappeared, and the exudation has ceased; in short, generally not until the disease has arrived at the stage of Eczema squamosum. It is only the want of discrimination that has brought the use of tars into discredit with some practitioners. Common tar, the Oleum Rusci (Oil of Birch), which is less irritating than ordinary tar or Oil of Cade, and is used in the manufacture of Russian leather, the diluted Oil of Cade, and other preparations of a similar kind, should be applied with a rather stiff brush, and rubbed on until they begin to dry. All tars must be used with caution, and only

small portions of the diseased skin treated at one time : when, however, it is evident that the skin will bear the application well, larger surfaces may be covered with it. The first trial of tar or tar ointment, on only a small patch of the skin, to test its effect, is a rule which must *never be neglected*.

In all cases of Eczema, the ordinary washing with water or soap and water must be forbidden ; and this is especially the case in the later stages, when the new, delicate, and healthy cuticle is forming, for then water macerates and destroys it, and thus the duration of the disease is needlessly prolonged. Frequent starch powdering and moderate friction may be substituted for washing, but when at this stage the use of some liquid is absolutely necessary, weak gruel is always to be preferred to soap and water.

Sulphur ointments should never be used in the early stages of Eczema, as they only tend to irritate the skin, and thus increase the mischief ; exception of course being made in the case of Scabies complicated with Eczema.

Lastly, the friction of clothes, especially flannel, is very objectionable, and scratching must be prevented as far as possible ; with this view, soft gloves should be worn by children night and day.

Chronic Eczema.—The indication in Chronic Eczema is first to convert it into the subacute variety, and then to cure it. If there is infiltration of the skin, this may be removed by the free application of soft soap, well rubbed on till the red points of Eczema appear : this process must be repeated from time to time until the infiltration has disappeared and the skin is soft. In some cases, the fluid potash soap (69) may be preferred to the ordinary soft soap, which has an unpleasant smell. The fluid soap should be rubbed well over the part affected,

and then allowed to dry, but it must be washed off before a fresh application is made. When there has been infiltration for a long time without any excoriation of the surface, citrine ointment is one of the best stimulants to the skin; it should be simply rubbed in once a day. If the infiltration is severe, or the epidermis is much thickened, solutions of Potassa fusa may be used with excellent results. A solution of five grains to the ounce is generally sufficient; it should be applied with a large brush once or twice a day, and when the smarting which follows its application is severe it may be washed off with cold water. If, however, the patch of Eczema is small and very obstinate, one drachm of Potassa fusa to an ounce of water may be used, but it should be applied only by the medical attendant himself. These solutions of caustic potash must be employed with great caution in the treatment of old people.

When the Eczema consists of very chronic dry patches, one of the best plans of treatment is to blister them with strong Acetum cantharidis (50) or Liquor epispasticus, B.P. This plan I can from experience strongly recommend.

In the treatment of universal Eczema corrosive sublimate vapour baths are said to be useful.

Local forms of Eczema.—Eczema of the Scalp.—In children, cut the hair short, lubricate well with oil, then apply a hot poultice until the crusts are softened and can be removed. Clean the head well with soft soap and flannel, wash off the soap with cold water, and repeat the process until all the scabs are removed. Then apply the Unguentum hydrargyri cum plumbo of the Skin Hospital (83), or the Benzoated Zinc Ointment may be used either alone or in combination with the white precipitate ointment (96).

Sometimes lotions are more convenient and suitable than ointments; if this is the case, a weak carbolic acid lotion (21) will often be found an invaluable remedy. When scabs re-form, they must be removed and the head cleaned from time to time with weak gruel or yolk of egg, but it must always be carefully *dried* afterwards; it should also be kept covered with a flannel cap, and the ointment thoroughly applied to the affected surface. If the head is very hot and irritable, cold lotions may be used in the day and ointments at night. In the later stages, the application of tar or carbolic acid mixed with zinc ointment (3j. to ʒj.), or tar paints (51), (63), (66), (67), (68), are of great value.

In the treatment of women, when the hair cannot be cut short, the crusts must be thoroughly softened by rubbing in plenty of oil, and the hair well combed daily to bring away the scabs; when these are loosened, the head must be well washed with soft soap as before directed, and then some appropriate ointment must be applied and the head covered with a flannel cap. In obstinate chronic cases of Eczema of the scalp, the head should be shaved and blistered with the strong Acetum cantharidis or the Liquor epispasticus, B.P.

Eczema of the Face.—Crusts must first be removed in the usual way; or a soft ointment made of Ung. lithargyri and olive oil may be kept constantly applied on linen; this will soften the scabs in a day or two, so that they can be removed and the face washed: then the parts affected should be accurately covered with strips of linen spread with Unguentum lithargyri or Unguentum zinci, which must be kept in close contact with the skin by padding and a flannel mask; or, if that is found uncomfortably hot, an elastic knitted nightcap may be drawn over the face instead of the mask. The dressing

must be repeated night and morning, the old ointment being wiped off before the fresh is applied. This plan of treatment should be continued till all the red points disappear; then, if the disease shows a tendency to become chronic, some preparation of tar or Unguentum acidi carbonici (71) may be used. When nearly cured, but still itchy, zinc and camphor ointment (95) may be employed.

Eczema of the Nostrils.—Treat one nostril at a time. Plug with some soft material soaked in oil; when the crusts are thus softened, remove them carefully, and insert a plug of soft material smeared with mild citrine ointment. In chronic cases, a solution of nitrate of silver (64) or a strong solution of sulphate of zinc may be applied with a brush.

Treat Eczema tarsi with diluted citrine ointment, and in troublesome cases pull out the eyelashes. In Eczema of the hairy parts of the face, keep the hair cut short with a pair of scissors, remove crusts, and apply the lead and mercury ointment (83). In obstinate cases the hairs must be extracted.

Eczema of the Auditory Meatus.—Drop in olive oil to soften the crusts; subsequently, syringe carefully until all the effete matter is removed. M'Call Anderson recommends that the walls of the meatus be then painted with a solution of Potassa fusa (from 5–10 grains to the ounce). 'A small paint-brush is dipped in the solution, and gently stripped, so that it does not contain much fluid; then insinuated into the meatus to the extent of half an inch, and twisted round, so that the walls of the canal are entirely moistened by the fluid. The smarting should be checked by the injection of tepid water.' A weak solution of Potassa fusa (2 grains to the ounce) may be injected night and morning. A solution of

nitrate of silver (30 grains to the ounce) may be painted over the walls of the meatus instead of the Potassa fusa solution, or a weak carbolic acid injection will be found efficacious.

Eczema of the Legs.—Remove crusts, and thoroughly clean with soft soap. Then apply the Ung. lithargyri (87) or Ung. cretæ comp. (78) on strips of linen rag, and carefully bandage from the foot upwards. As the red points disappear, mix a little tar with the ointment, and lastly treat with the Sp. saponis viridis cum pice (70) or the Pasta picis liq. (51) or some other preparation of tar. Careful bandaging is of the *first importance*, more especially if the veins of the leg be varicose. The Ung. lithargyri should never be applied to ulcers; they should be treated separately by inserting a piece of lint of proper size and shape to fit the ulcer, and smeared over with Ung. rubrum, or treated in a similar way with carbolic acid lotion. Patients suffering from Eczema of the legs should remain as much as possible in the horizontal position, and in severe cases confinement to bed is *necessary*. Sometimes this form of the disease does not progress favourably under ointment treatment. When this is the case, lead lotion or lead and zinc lotion on rag should be used and covered with oil silk. In all cases, a bandage is *essential*.

Eczema of the Scrotum or Labia.—Hip baths night and morning if required, and the free use of borax glycerine lotion (33), will prove successful in most cases. Powdering with zinc oxide and starch is also very useful. When the Eczema is limited to the labia, painting with a solution of nitrate of silver is one of the best means of cure.

Eczema mammae.—Often very obstinate. If the ordinary plans of treatment fail, Hebra recommends a strong solution of caustic potash to be applied every four or five

days, and the part to be well rubbed with the wet hand after the application until a lather is formed. This is severe treatment, and should only be had recourse to as a last expedient.

Eczema intertrigo (or Eczema occurring where opposed surfaces of skin are in contact) is most common in the perinæal region, and under the mamma. The skin should be kept thoroughly clean, but washed as little as possible, and then only with thin gruel, and always well dried afterwards. The opposed surfaces should be dusted over with zinc oxide and starch (61), and kept apart by a piece of dry and well-powdered lint, which must be frequently changed. The finely powdered prepared fuller's earth or French chalk is also a very useful application, and sometimes answers much better than zinc and starch.

Eczema marginatum is an obstinate form of the disease, and requires vigorous treatment. The patches of affected skin should be rubbed briskly with soft soap and flannel, especially round their margin, where the disease is most active. This must be followed by rubbing in Oil of Cade once or in some cases twice a day with a brush, taking care to powder the part well with starch after each application. Sulphur baths (2) are of use in this form of Eczema, and Vlemingkx's solution (28) or the freshly prepared Unguentum potassæ sulphuratæ B.P. are both good remedies.

Eczema of the Hands and Feet.—Eczema of the hands and feet is generally attended with thickening of the epidermis and the appearance of small hard elevations which often itch intolerably, the cuticle is apt to become brittle, and from the movements of the parts fissures are formed. In cases of this kind, all washing with soap and water is contra-indicated. Each finger or toe must be separately wrapped in rags well smeared over with the

Ung. lithargyri, and kept in position by a large glove or stocking. The ointment must be renewed every twelve hours, and the skin well rubbed, to remove the softened cuticle.

In obstinate cases of Eczema of the hands, Hebra recommends the following energetic treatment, which usually lasts about three months. The thickened skin is to be removed by means of a hand bath consisting of half a drachm of Potassa fusa in a pint of water, to be used every morning for a few minutes, after which the hand should be rubbed with a piece of flannel soaked in soap spirits (69). Each rubbing brings away a great deal of epidermis, which is followed by the appearance of new vesicles. After each rubbing, strap with Unguentum lithargyri (87) spread on rag. When the vesicles cease to appear, and are replaced by papules, some one of the preparations of tar may be used. During the treatment, the ordinary washing the hands must be prohibited; they may, however, be cleaned by rubbing them with bran.

It is not always convenient or even possible to carry out effectually this plan of treatment; therefore as an alternative the following method may be adopted:—The hand must be enclosed in a vulcanised india-rubber glove, fitting loosely and tied round the wrist; this must be worn constantly, day and night, being removed twice in the twenty-four hours for the macerated cuticle to be rubbed off with bran. This plan, which is most applicable in chronic Eczema, is also very efficacious in acute cases, when the disease attacks the ends of the fingers and the nails.

In Eczema rimosum of the hand, where the skin is very hard, dry, and fissured, the best plan is to wrap the hands up in rags kept constantly wet with a weak lotion of Liquor potassæ (ʒj. ad Oj.) for some days until the cu-

ticle is thoroughly macerated and peels off. The hand should then be dressed with Hebra's (87), or the compound chalk ointment (78). The hand and each finger affected should be enveloped in rags well soaked in glycerine, and then covered with a glove. In very troublesome cases of this form of Eczema of the palm, Anderson advises blistering with the strong cantharides blistering fluid. It must be painted on for some time until the skin is thoroughly whitened, and then a hot poultice applied. I can strongly recommend a similar plan as most successful in small, obstinate chronic patches of Eczema wherever they are situated; in many cases, it is the only method of dealing with them when they exist in the palm, and a single application will often cure disease of many years' standing.

In dealing with Eczema, we must bear in mind Hebra's advice, that 'whatever course be adopted in treating chronic Eczema, constancy and perseverance are of the utmost importance. He who is always changing his plan of treatment is sure not to attain his object so quickly as one who steadily and patiently applies whatever remedy seems best suited to his case.' The formulæ most useful are—(1), (7), (10), (13), (14), (15), (17), (20), (21), (31), (32), (33), (36), (37), (39), (47), (48), (49), (51), (61), (63), (64), (66), (67), (68), (69), (70), (71), (72), (78), (79), (81), (83), (87), (89), (95), (96).

EPITHELIOMA.

EPITHELIOMA is used by some continental writers to express abnormal epithelial growths of a simple as well as a cancerous nature. In England it is generally regarded as a synonym for Epithelial Cancer. In default

of any better term, I include in the name Epithelioma of the Skin, an abnormal growth which in a typical form first appears as a small transparent nodule streaked and surrounded by the ramifications of minute vessels. If left to itself this nodule becomes lobulated, and after a time there forms in its centre a small scabbed ulcer-like sore with a rounded prominent edge which still retains its translucent character. The ulcer has no tendency to heal, but spreads very slowly at its margin, gradually invading the neighbouring skin. Sometimes months or even years pass away without much change in the size of the sore; at other times the progress is rather more rapid. Epithelioma of this kind is most common in the face, especially on the side of the nose or on the cheek below the eyelid. It is more frequently met with in people who have passed the age of forty than in the young. It is attended with little or no constitutional disturbance. Sometimes it springs up from apparently perfectly healthy tissue; at other times it begins in an old mole or congenital mark. Whether Epithelioma of this kind is in the first instance really a form of Epithelial Cancer or not, is a question which it would be out of place to discuss here. The treatment is of the first importance, and entirely local. The little growth should be immediately and thoroughly destroyed by strong nitric acid or potassa fusa, so as to form, if possible, a healthy scar.

ERYTHEMA.

ERYTHEMA (*έρύθημα*, redness). Under this head I shall notice: I. Erythematous Inflammation; II. Two diseases known respectively as Erythema multiforme and Erythema nodosum. As I have already pointed out,

the word Erythema has been used by writers to express any form of active congestion (Erythema simplex or congestivum) of the skin, and this free use of the term has led to much confusion. Erythema proper is a peculiar form of inflammation of the skin attended with redness and swelling, but compared with Eczema, there is less itching and no tendency to the formation of vesicles. Erythema may be diffuse or circumscribed, but in either case it is generally superficial; in the diffuse form it has a great tendency to spread at the edges and invade new skin, but not to return to that previously affected. It is very apt to spread along the course of the superficial lymphatics. The patches generally have well-defined abrupt margins. The inflammation is followed by slight desquamation and pigmentation, and not unfrequently there is a little hæmorrhage into the skin. We have a good example of a local erythematous inflammation in the chilblain. Erysipelas is a very severe form of erythematous inflammation which extends to the deeper cutaneous structures, and in which there is a migration of leucocytes into the fibrous tissues involved: it is always attended with constitutional febrile symptoms.

Erythema multiforme and Erythema nodosum are definite diseases in which patches of Erythematous inflammation are a characteristic feature; in each, the eruption appears more or less symmetrically on both sides of the body.

Erythema multiforme consists in slightly elevated tubercles of a bluish-red colour appearing on the back of the hands and dorsum of the feet, sometimes also on the forearms, legs, and other parts of the body. When observed on the fingers, it often closely resembles chilblains. Rings of vesicles are sometimes developed (Herpes Iris) in this disease. The tendency of the eruption when left

to itself is to get well, leaving a slight pigmentary deposit. The preparations of arsenic are in many cases useful, but local treatment is not generally required.

Erythema nodosum, or *Dermatitis contusiformis*, is an affection consisting of well-defined, slightly raised oval patches, at first of a light reddish colour, but in a short time becoming darker and somewhat blue, and lastly fading into yellow, passing, in short, through the same changes of colour as are observed in ordinary bruises; hence the name of *Dermatitis contusiformis*. These swellings appear most commonly on the front of both legs, but are occasionally found on other parts of the body: they are tender on pressure, but are unattended with itching. Fresh crops often succeed each other, so that the disease becomes, as it were, chronic. It is most common in girls and young women. The exciting cause of *Erythema nodosum* is not known. The malady is often associated with slight inflammation of the lymphatics; the swellings, indeed, are often arranged along the course of these vessels. The only treatment required is rest and the administration of tonics.

FURUNCULUS.

FURUNCULUS, or Boil, consists of a circumscribed inflammation of the true skin, or of the subcutaneous connective tissue. Generally, the inflammation is followed by the sloughing of a small portion of the tissues involved, and the slough or 'core' is discharged through an opening in the skin; in other cases, the inflammation stops short of sloughing, and the hard and painful swelling disappears very slowly, but with little or no suppura-

tion: an inflammation of this latter kind is known as a blind boil.

The anatomical seat of Furunculus is sometimes a sebaceous gland, but more commonly the adjacent cutaneous tissue. Boils are more frequent in the skin of the back of the neck and gluteal region than in any other part of the body.

The cause of boils cannot in all cases be determined; their production is, however, promoted by anything which tends to lower the system or produce malassimilation of food. Amongst the most common causes must be mentioned an unsuitable diet, as, for example, one consisting too exclusively of animal food, and more especially of meat that has been kept too long, or is otherwise unsound.

The diet and violent exercise recommended by injudicious trainers will often induce boils, and in hydro-pathic establishments the sudden cessation of the use of alcoholic stimulants by those accustomed to them not unfrequently produces a like result. Again, the absorption of animal poison may be followed by boils: this is often seen in the dissecting and post-mortem rooms.

Lastly, boils are sometimes epidemic.

In the treatment of boils it is of the first importance to secure a simple but nutritious diet, including a fair supply of well-cooked green vegetables, and salads or wholesome fruit, as well as a moderate quantity of alcohol in the form of sound wine or weak spirit and water; but in very severe cases a large quantity of alcohol may be required, which should be given at regular intervals during the twenty-four hours.

In a large proportion of cases the administration of twenty minim doses of *Liquor potassæ* with tincture and infusion of cinchona will be found very beneficial. A tablespoonful of German yeast taken on an empty stomach

three times a day has sometimes a specific effect in arresting the formation of boils, but in mild cases this remedy would be worse than the disease. A simple purgative is occasionally required.

If the ordinary treatment is unsuccessful, recourse must be had to change of air to the seaside, and warm sea baths, which seldom fail to produce the desired effect.

Local Treatment.—A boil directly it appears should be covered with collodion, the application being repeated as often as necessary. This plan often arrests the growth of the Furunculus. When a boil is fully established, or of large size, a linseed-meal poultice to which some olive oil has been added should be applied, and frequently changed, the skin being fomented from time to time with very hot water. It is important that the poultice should be diminished in size as the tissues around the boil become less inflamed, so that the neighbouring healthy skin may not be kept in a sodden state.

Of all specific local applications, belladonna is the most useful: it may be applied in the form of an ointment, or as a lotion under oil-silk.

When boils, having discharged their contents, are sluggish and do not heal readily, it is well to use some stimulating remedy, such as the benzoated zinc ointment, or a weak carbolic acid lotion.

Carbuncle (*ἄνθραξ*, a burning coal) is an inflammation of the skin and cellular tissue, more extensive and severe than a boil, the skin also being perforated by several openings through which pus is discharged. Carbuncle is often solitary, and is more frequent on the nape of the neck or on the back than in other parts of the body. It is more common in men than in women. Patients suffering from Anthrax almost always require alcoholic stimu-

lants and tonics, such as quinine, with plenty of nutritious food.

In the local treatment it is necessary to beware of much poulticing. If a poultice is applied at all, it should be of small size and discontinued as soon as the carbuncle discharges freely. The local treatment should then be the application of the Unguentum resinæ, to which a little oil of turpentine has been added, and which should be spread *thickly* on rag. Belladonna is also a very useful external remedy. Pressure by means of soap plaister spread on soft chamois leather has often a very beneficial effect.

HÆMORRHAGIÆ CUTANÆÆ.

CUTANEOUS HÆMORRHAGE has its seat most commonly in the superficial layer of the corium, and usually appears as small circumscribed patches, producing no perceptible elevation of the cuticle, and having no tendency to enlarge. The outline of these spots is irregular, and the only change they undergo is in colour. At first, they are often of a bright red, quickly becoming of a dark or purple colour, which fades in a few days into a pale yellowish tint, and then disappears altogether by absorption. The spots are not removed by pressure, and are very distinct after death.

The name Purpura is usually applied to a certain obscure morbid state of the general system, in which cutaneous hæmorrhage forms the most prominent symptom. Purpura is called Simplex or Hæmorrhagica according to its severity. The former is characterised by the spontaneous development of petechiæ, scattered over the surface of the body. Their appearance is often unat-

tended with constitutional symptoms, or these are very slight. *Purpura hæmorrhagica* is ushered in with a feeling of exhaustion, headache, listlessness, loss of appetite, and other constitutional disturbances, and the disease suddenly shows its character by the appearance of petechiæ in the skin and hæmorrhage from the mucous membranes of the body, especially from the nose, mouth, alimentary canal, kidneys, and bladder; the loss of blood from these organs is sometimes so rapid as to imperil the life of the patient. It is quite useless to give lemon-juice in *Purpura*. Iron, Tannic acid, Ergot, or Turpentine, is more likely to be useful.

Purpura Rheumatica, as it is called, is a well-defined and interesting disease, closely allied to (if not a peculiar form of) *Erythema multiforme*. I have had several patients under my care suffering from this disease, and in all the symptoms were exactly the same: there is first a febrile attack with swelling and pain in the joints, especially those of the knees and feet, closely resembling ordinary rheumatism; this is associated with patches of *Erythema* and purpuric spots, which appear most commonly on the legs and feet. The duration of the malady is uncertain, but it generally lasts several weeks at least, and is very liable to relapses. Tonic treatment is always indicated.

Purpura is best distinguished from *Scurvy* by the history of the case: the latter is always to be traced to the privation of fresh vegetables and fresh animal food, and is readily amenable to treatment; the former, on the contrary, is never produced by these causes, and is a very intractable disease.

HERPES.

The character common to all forms of Herpes is the development of groups of distinct vesicles situated on an inflamed base. These vesicles are larger than those of Eczema, and they do not generally burst, but their contents become rapidly milky, and ultimately dry up in about seven or eight days, forming a light brown scab. There are two distinct species of Herpes: 1. Herpes Zoster; 2. Herpes labialis. Herpes præputialis differs from H. labialis chiefly in the parts which it attacks. Hebra considers Herpes circinatus or Herpes Iris as a distinct disease, but not identical with Tinea tonsurans of the trunk. He agrees with Rayer, who was the first to point out that Herpes Iris is a form of Erythema Iris; in other words, it is not Herpes at all, but an Erythema in which vesicles appear. This is no doubt the correct view, but it must not be forgotten that in this country Tinea tonsurans of the trunk is often very inappropriately called Herpes circinatus.

The following are some of the principal points of distinction between Herpes Zoster and Herpes labialis:—

1st. In Herpes Zoster we have often several clusters of vesicles in succession, whereas in H. labialis there is generally only one crop.

2nd. Herpes Zoster commonly appears only once in the life of an individual, whereas H. labialis or H. præputialis may recur any number of times; its reappearance is, in fact, the rule.

3rd. Herpes Zoster is associated with a morbid condition of some cerebro-spinal nerve, while H. labialis occurs in the train of catarrhal affections and pneumonia.

4th. Neuralgic pains precede the eruption of Zoster, and

often remain long after its disappearance ; this is not the case with *H. labialis*.

5th. Herpes Zoster is often unilateral, but *H. labialis* is not generally so.

An ordinary case of Herpes Zoster requires very simple treatment ; some soothing ointment or a poultice followed by powdering with zinc oxide and starch is all that is necessary. The most troublesome feature of the disease is the neuralgia which is apt to follow the eruption, especially in old people ; this is best treated with subcutaneous injections of morphia, and large doses of quinine administered once or twice a day ; sometimes potassium bromide affords relief. Another point worthy of note is that when the eruption of Herpes becomes pustular it often leaves very deep scars. This is a matter of little importance on the trunk, but may cause great annoyance if it happens on the face, and the patient should be warned of its possibility. Herpes labialis usually requires no treatment except a little simple ointment ; sometimes, however, it is very troublesome on account of its persistent recurrence, and in this case a little of the strong nitrate of mercury ointment of the Pharmacopœia should be applied on the first indication of its appearance : thus it may be checked.

HYPERIDROSIS.

HYPERIDROSIS, or excessive sweating, may be general or local. The predisposing causes of this affection are quite unknown ; we notice, however, that those subject to it are often of a plethoric habit. As a consequence of excessive sweating we find in some people Sudamina are readily produced, whilst in others the Hyperidrosis may

continue for years without producing any perceptible changes in the skin.

The treatment of general Hyperidrosis is only palliative. It is important to avoid warm baths, to change the under linen frequently, and to sponge the body from time to time with a lotion consisting of two drachms of dilute sulphuric acid to a pint of water. The skin should be kept constantly powdered with starch or finely pulverised asbestos. The following lotion will sometimes be found useful :—

℞	Acidi carbonici	. . .	3j
	Alcohol	} . . .	āā 3j
	Glycerini		
	Aquæ	. . .	3vj

Mix.

Local Hyperidrosis is most common in the skin of the head, axilla, genitals, hands or feet. Occasionally cases are met with in which the sweating is strictly confined to one lateral half of the head or body; these cases are without doubt distinctly due to a morbid state of innervation, and should be treated by the local application of belladonna liniment.

Local Hyperidrosis of the axilla or genitals often gives rise to Eczema in those regions, while in the hands and feet the cuticle may be macerated, softened, and partially peeled off; the skin thus denuded becomes very tender.

In most forms of Hyperidrosis general remedies are useless; the treatment must be entirely local. In ordinary cases the parts should be frequently rubbed with a lotion consisting of a drachm of tannic acid to six ounces of spirits of wine or eau de Cologne; each application should be followed by starch or asbestos powdering. If this fails, the Linimentum belladonnæ B.P. should be tried.

In severe cases of sweating hands or feet, Hebra recommends the following procedure, which he says never fails. A certain quantity of the simple diachylon plaister is to be melted over a gentle fire, and an equal weight or a sufficient quantity of linseed oil is to be incorporated with it, the product being stirred till a homogeneous mass is produced sufficiently adhesive not to crumble to pieces. This is then to be spread over a piece of linen, measuring about a square foot. The foot of the patient having been first well washed and thoroughly dried, is now to be wrapped in the dressing thus prepared. Pledgets of lint, on which the same ointment has been spread, are also to be introduced into the space between each pair of toes, to prevent their touching one another; and care must be taken that the foot is completely covered, and that the dressing is accurately in contact with the skin. When this has been done, an ordinary sock or stocking may be put on the foot, and outside this a new shoe, which must be light, and should not cover the dorsum of the foot. After twelve hours the dressing is to be removed; the foot is then not to be washed, but must be rubbed with a dry cloth and starch powder or bran. The dressing is then to be renewed in the same way as before, and its application is afterwards to be repeated twice a day.

This procedure must be continued for from eight to twelve days, according to the severity of the case. During this time, however, the patient need not keep his room, but may go on with his business as usual. At the end of this period the dressings and pledgets are to be removed, the foot is to be again rubbed with some pulverulent substance, and the patient may then be allowed to wear his ordinary shoes and stockings.

In the course of a few days it will be found that a

brownish-yellow layer of cuticle is beginning to peel off from all those parts of the skin which were before affected with the disease, and that a healthy, clean, white surface of epidermis is exposed as this substance separates.

When this layer of cuticle has become completely detached, the foot may for the first time be washed, but it will still for some time be advisable to dust some powder into the stocking, or to rub it into the skin of the foot. After the lapse of a fortnight or three weeks from the first application of the dressing, the Hyperidrosis will generally have disappeared, and the cure will last for a year or longer, or may even be permanent. In quite exceptional cases, however, it will be found that a single course of this treatment is not sufficient to effect the complete removal of the complaint. The whole procedure must then be gone through a second time; but this will certainly, and without exception, bring about a cure.

HYPERTROPHIES.

Under this head I shall notice very briefly:—1. Keloid; 2. Fibroma; 3. Warts.

Keloid (*κηλís*, a scar?) consists in a peculiar hypertrophy of the fibrous tissue of the corium. It generally appears as a hard, oval and flattened elevation, attended with puckering of the skin. It is most common on the chest, and is often developed in old scars from burns, scalds, or other causes. The best treatment of Keloid consists in *leaving it alone*. Any attempt to remove it by caustics, knife, or other means, is sure to increase the mischief. The local application of Belladonna will sometimes relieve the pain of this malady.

Fibroma, or Fibrous molluscum, consists in a simple

hypertrophic outgrowth of the fibrous tissue of the skin, which forms a small and more or less pedunculated tumour. These growths are often very numerous, and scattered over the body. They vary in size from a small pea to a walnut, or sometimes even larger.

Warts consist of an hypertrophy of the papillæ of the cutis. They are most common on the hands of children or young persons, and are said to be sometimes hereditary.

They should be touched with glacial acetic acid. Blistering fluid will also sometimes remove them.

ICHTHYOSIS.

ICHTHYOSIS is a congenital, and often an hereditary disease. It is really a kind of malformation of the skin, in which the cuticle is in an abnormal condition, and the sweat glands imperfectly developed and functionally disordered, so that those who suffer from it perspire very little or only over those parts which are not affected by the disease. I believe that true Ichthyosis is always congenital, but it must be admitted that it often does not show itself until some months or even a year or two after birth; this, however, may be explained by the frequent washing and mode of life of infants. At all events, there is no inflammatory or other process occurring after birth which will explain its development. The disease varies in degree from a permanently dry, harsh skin, which is called Xeroderma, to a very severe form of the disease in which the whole body is covered with blackened and firmly adherent scales or crusts marked out by cracks into small diamond-shaped plates. Between these extremes every variety in degree can be found, both partial and general. The disease is usually most marked about the

knees, ankles, and elbows, and least about the face. The scale-like crusts are formed by the accumulation of altered epithelium and sebaceous matter, which becomes hard, firmly adherent, and black from exposure. In some instances the accumulation is so great as to form spine-like projections (*Ichthyosis Hystrix*), as seen in the so-called Porcupine men.

Ichthyosis of the Tongue (so called) is not *Ichthyosis* at all; it has no relation to that disease of the skin, and is not congenital. It is, therefore, unfortunate that the name has been thus applied.

Ichthyosis is, strictly speaking, incurable, though capable of great alleviation, and the milder varieties may be always kept in check by the free local use of glycerine, well rubbed into the skin night and morning. In the more severe forms the parts especially affected should be wrapped in rags kept constantly wet under oil-silk with a weak lotion of *Liquor potassæ* and water until they are thoroughly macerated; the harsh black scales will then peel off, and the skin may be dressed with glycerine. The internal administration of arsenic is useless in this disease. Alkaline baths are useful. (1)

IMPETIGO.—See *Eczema*.

LICHEN.

The term *Lichen* (*λειχήν*, a moss) is used by some Dermatologists for all forms of papular eruption, and in this sense it may be applied to early stages of *Eczema* when the eruption consists of papules. Most writers,

however, recognise at least four distinct species of Lichen :
1. Lichen simplex ; 2. Lichen pilaris ; 3. Lichen scrophu-
losus ; 4. Lichen ruber.

Lichen simplex is characterised by the appearance of innumerable small, red, distinct papules, appearing most commonly on the arms, backs of the hands, neck, and trunk. The eruption is attended with considerable itching, and undergoes little change until it disappears with very slight desquamation. By many Lichen simplex is considered as only the early stage of Eczema, or an Eczema which is abortive, and which stops short of the formation of vesicles.

Lichen pilaris is described in a distinct species, and consists of elevated papules, formed by a fibrous exudation around the hair-follicles ; through the centre of each papule a hair passes. This affection never occurs on the soles of the feet or palms of the hands, and is very apt to become chronic. The Lichen pilaris of Hebra and Willan is not a true Lichen, but an accumulation of epidermal matter forming a kind of papule around the orifice of the hair-follicles.

Lichen ruber, or Lichen planus as it is named by Mr. Erasmus Wilson, has been described by Hebra in its most severe form as a rare and incurable disease. It exists, however, in a milder or more localised variety. The eruption consists of papules formed round the hair-follicles ; they are of a red colour, flat-topped, smooth, and shining. The eruption is attended with hyperæmia of the skin and itching. The papules form patches which are often symmetrically placed on both sides of the body. The disease is very chronic, and in its severe form is apt to become scaly. It always spreads by the development of new papules, and not by the growth of the older ones.

Lichen scrophulosus is carefully described by Hebra

Young persons are subject to it, and it is accompanied by swelling of the lymphatic glands, and other symptoms of a scrophulous diathesis. Lichen scrophulosus requires the free use of cod-liver oil and tonics. The oil should be given internally, and also well rubbed into the skin; under this treatment the prognosis is favourable. The disease is not common in England.

The most troublesome feature of Lichen is the intolerable itching to which it gives rise; this is best treated by the internal administration of bismuth and alkalies, and occasional saline purgatives, and locally by the use of soothing applications, such as the borax and hydrocyanic acid (26), or the nitric acid lotions (23), or a weak carbolic acid lotion (21). The other lotions most useful for this purpose are (27), (43), (37). Sometimes the internal administration of colchicum will be found advisable, especially if the patient has any gouty tendency. In chronic Lichen ruber arsenic is the only remedy.

LUPUS.

There are two distinct species of Lupus:—1. Lupus vulgaris; 2. Lupus erythematosus.

Lupus vulgaris consists in the growth of a new and peculiar tissue, which has a tendency to ulcerate, and heals with thick cicatrices. The beginning of this disease is marked by the appearance of small flattened tubercles of a reddish colour on the skin, or at the edges of the mucous membrane of the nose; these tubercles increase in size and number, and frequently coalesce.

It is usual to speak of two varieties of this disease—viz. Lupus non-exedens and Lupus exedens (Lat. *exedens*, eating). These two varieties differ only in their tendency

to ulcerate, which is an essential characteristic of the latter form.

The most common seat of Lupus vulgaris is the face, especially the nose; but it is occasionally found on other parts of the body. Its diagnosis is generally easy. The diseases with which it is most likely to be confounded are cancer and syphilis; an unhealthy form of Lupus sometimes attacks the septum and mucous membrane of the nose, which may be easily mistaken for this latter disease. The age of the sufferer will often assist the diagnosis. Lupus vulgaris is most common in young persons between the ages of 14 and 25, and is not often seen after 30. The general appearance of the patient, and the character and locality of the ulceration, furnish still more certain guides to diagnosis.

The constitutional treatment of Lupus is important. The patient should be put upon a nutritious diet, and allowed plenty of animal food, especially milk. A moderate quantity of beer or wine should be taken with the principal meal of the day, or in some cases oftener. Abundance of fresh air and exercise are essential, and if possible occasional change of air; but it must be borne in mind that sea air is not always to be recommended, for, strange though it may appear, it has in some cases a decidedly injurious effect.

With regard to the use of internal remedies, tonics are almost always beneficial, but of these cod-liver oil is by far the most generally useful, and if the patient has a strong digestion, it may be given in large doses, three times a day, *after meals*. When the powers of digestion are weak, the oil may be rubbed into the skin. Other tonics must be selected, and varied to suit particular cases. Preparations containing iron in combination with small doses of arsenic, often produce a very good effect.

The local treatment of *Lupus vulgaris* consists in the application of some form of caustic. When the disease is confined to the face, the two best caustics in use are the acid nitrate of mercury and the solid nitrate of silver; but the success of the treatment chiefly depends on the proper mode of their application. The first point to be attended to is carefully to remove the crusts, especially round the edge of the ulcerated surface; this must not be left to the patient; the medical attendant himself should remove them with an ordinary pair of forceps. The process causes a little pain and bleeding, which should be allowed to subside before the caustic is used. If the acid nitrate of mercury is employed, it must be painted on carefully with a glass brush, especially round the edges of the ulcer, and wherever the disease is active. The sharp pain caused by this remedy lasts but a short time, and is willingly borne by the patient, who, after one application, will be satisfied of its beneficial effect. If solid nitrate of silver is used, it should be applied as freely as possible to the affected surface. The advantage of this caustic is that there is no risk of injuring the healthy parts, or producing a deep ulcer, as is sometimes the case with more powerful remedies.

The arsenical paste (6) is often a very useful form of caustic; it should be mixed with a little water, and painted on with a camel's hair brush. It causes no pain at first, but after twenty-four hours the pain is considerable, and lasts longer than that produced by the caustics above mentioned. The actual cautery is a very good application for those who prefer a short sharp treatment, followed by *no after pain*. Caustics should not be applied oftener than once a week, and in most cases once a fortnight will be found sufficient. As a rule, they should not be used in cold winter weather. The summer

time is, of all others, the most suitable for their application.

In treating the milder forms of Lupus, it is not always necessary to have recourse to caustics. The disease will sometimes disappear under the free use of cod-liver oil, and the local application of the Emplastrum mercuriale of the Austrian Pharmacopœia (8).

It is impossible to say beforehand how far this mercurial plaister may be of service, but it ought always to be tried in the case of children, or of very sensitive persons, before caustics are resorted to.

In Lupus erythematosus besides other changes there is a peculiar degenerative change in the sebaceous glands, and in the sebum secreted from them. In its early stages, the disease presents well-defined rough patches, very slightly raised, and of a greyish-red colour; in many cases, these patches are dotted over with small hard points of a greenish hue, and present a very characteristic appearance; these points are formed by sebum plugging up the sebaceous glands.

The general treatment of this superficial kind of Lupus is, of course, the same as for other varieties, but the disease is one of the most difficult of all the skin affections to cure. The tendency of this form of Lupus is to cicatrise in the centre of the patch, and spread at the edge; therefore, if caustics are used, they should be applied round the margin of the diseased surface. Hebra recommends acetic acid as a caustic; the acid nitrate of mercury may be used with equal effect. It must not, however, be forgotten that this disease does not generally require the use of a powerful caustic; simple treatment will sometimes be found sufficient, such as the application of some stimulating ointment or blistering fluid.

Dr. Hillier recommends equal parts of tincture of

iodine or carbolic acid and glycerine as a useful local application. Hebra begins his treatment with the removal of scales by means of oil and soft soap (*Sp. saponis*) (69) rubbed into the margins of the diseased skin; when under this process the affected part becomes smoother, and fewer depressions are to be seen on it, it is a sign that the disease is improving. After the removal of the scales, Hebra cauterises the border of the Lupus patch. He also recommends that soft soap be spread on a piece of cloth and allowed to remain in contact with the skin; this is to be repeated for several days in succession, and the patient is then allowed to rest for a short time. The skin is afterwards washed with water, to see whether the newly formed epidermis is healthy; should it stand the washing, the disease may be considered cured; if it does not, the treatment must be repeated. Tar is sometimes a useful remedy, and facilitates the formation of the epidermis. Before applying it, rub the old epidermis from the diseased surface, then put on the tar with a brush, and powder the whole; repeat this twice a day, always rubbing off the old tar before applying it afresh; as soon as the tar sticks, its application may be discontinued.

MILIARIA.

The name Miliaria (*milium*, a millet-seed) is, in this country at least, commonly used as synonymous with Sudamina, and designates an eruption of transparent vesicles induced by excessive sweating. These minute vesicles resemble drops of water, and contain, when not inflamed, only a little sweat, which cannot escape through the outermost horny layer of the cuticle, which is raised in consequence in the form of a small perfectly clear

thin-walled vesicle. Some writers, however, limit the term Miliaria to an inflamed form of Sudamina, where a small areola is seen round the base of the vesicle. Hebra considers Sudamina as one of the various modifications of Eczema. In this he is mistaken (if he uses the word for the affection here described), for I have carefully examined the contents of the vesicles of ordinary Sudamina, and find in them none of the products of Eczema—they contain sweat only. It is true they sometimes become inflamed, but this is only accidental; it may, however, have induced Hebra to regard the affection as a form of Eczema. Hebra applies the term (*Miliaria crystallina*) to what he believes a distinct disease, manifested by an eruption of vesicles, and met with in acute febrile disorders, such as typhus and puerperal fever, acute rheumatism, &c., and symptomatic of Pyæmia. The vesicles resemble small drops of dew, and contain a fluid which never becomes yellow and puriform; their base is never reddened, and they are never surrounded by a red areola. The parts affected by the eruption are not liable to be again attacked by it, and there are no subjective sensations attending its presence. With reference to the etiology of this disease, Hebra remarks: ‘There are, to all appearance, such wide differences between puerperal fever, typhus, and the other complaints in the course of which the *M. crystallina* occurs, that we cannot suppose the cutaneous affection to be due directly to the same agency which gives rise to the primary disease. On the contrary, we conclude that it is during the progress of this that the exciting cause of the miliary rash is developed. And since we observe that the Miliary appears, not at the commencement of the primary disease, but only at a later period of its course, or even when it has come to an end, we may naturally suppose that this pa-

thological process is itself the cause of the morbid condition which gives rise to the eruption. Now, it is observed that shiverings are a frequent precursor of this cutaneous affection, and that in many cases (as, for example, in puerperal fever) it is connected with purulent infection. Indeed, deposits of pus are sometimes actually present when the Miliaria first makes its appearance; and when they are formed afterwards, the morbid condition which causes them always existed before the rash was developed. Hence it is a reasonable supposition that Miliaria is always the result of a pyæmic process.'

MOLLUSCUM CONTAGIOSUM.

MOLLUSCUM CONTAGIOSUM is characterised by the slow development in the skin of roundish elevations, varying in size from a mustard-seed to a hazel nut, or even larger, the average size being that of a small pea. They consist of little cysts filled with sebaceous matter, which is sometimes hard, but more commonly soft, or even milky. They are generally sessile, of the same colour as healthy skin, and present a translucent appearance; there is a small depression and opening at the top of each, which is probably the orifice of a sebaceous gland. Hebra says: 'When one of these tumours is emptied of its contents, the dilated gland sometimes shrinks to its original size, and the affection may then be said to be cured, without the cyst wall itself having been removed. But, in other cases, we find that after the discharge of the morbid material, an inflammatory areola is formed round the cyst, which becomes more or less painful, and as a consequence of this inflammatory action, the whole substance may break down and become eliminated.' This affection

attacks most commonly the face and trunk, and is unattended with constitutional disturbance.

It is probable that this form of *Molluscum* is a contagious disease. It has frequently spread, to all appearance, from nurse to infant, and *vice versâ*, during the progress of suckling. Hardy and Hutchinson have both recorded examples of this kind. I have myself recorded cases in which it was almost impossible to doubt that the disease was in some way propagated by contagion. Again, Hebra's failure in the artificial production of *Molluscum*, by squeezing the contents of the tumour upon healthy skin, by no means disproves its contagious character.

Molluscum contagiosum must not be confounded with *M. fibrosum*, which is quite a distinct disease.

The general treatment consists in the administration of tonics. For local remedies, it is generally sufficient to squeeze out the contents of the little tumours, and apply nitrate of silver to the inside; or, if they are very small, touching them with acid nitrate of mercury is all that is required.

MORBUS PEDICULARIS.

The treatment of *Pediculi capitis* consists in the free application of the white precipitate ointment, which quickly destroys them. They are killed instantly by chloroform. The eggs are not easily removed, except by cutting the hair very short. A lotion of perchloride of mercury and water (gr. x. to Oj.) may be used instead of the ointment, if there are no sores on the head. The ointment is, however, a safer preparation, and quite effective.

Pediculi corporis.—The patient should take a warm bath, and apply Stavesacre ointment; his clothes should be *baked* or *ironed well* with a hot iron. (*See Prurigo.*)

Pediculi pubis are easily killed by Ung. hydrargyri.

PEMPHIGUS.

PEMPHIGUS (*πέμφιξ*, a bladder), or Pompholyx (*πομφόλυξ*, a water-bubble), is characterised by an eruption of oval blebs or bullæ of various sizes, containing a semi-transparent albuminous fluid, which subsequently becomes opaque. These blebs may appear on any part of the body, and usually burst in a few days after their first appearance, forming a yellowish crust, which conceals an excoriated or superficially ulcerated surface, and when this has healed a purple stain is left.

Acute Pemphigus is a rare disease, seen chiefly in infants. It attacks especially the palms and soles, is attended with severe constitutional symptoms, and frequently ends fatally. In newly born babies it is always of syphilitic origin. In a subacute form it is not so rare. I have treated several cases of a severe kind successfully with quinine and opium, and the local application of the Linimentum calcis on rags.

In chronic Pemphigus, which attacks people of all ages, the bullæ succeed each other in crops, and those suffering from it become weak and emaciated. The prognosis is unfavourable; in short, it is an almost incurable disease.

Tonics, opium, and arsenic internally, with baths and soothing applications externally, are the only remedies likely to be useful.

PIGMENTARY DISEASES.

Affections of the pigmentary layer of the cuticle are usually divided into two classes:—1. Those in which pigment is in excess; 2. Those in which it is deficient; but in both of these cases we notice an unequal distribution of pigmentary matter as one of the most common and characteristic features.

The agency of light and heat in the development of pigment in plants and animals is familiar to every one; on the other hand, little or no colour is developed in plants grown in the dark. Frequent exposure to a bright sun has a marked effect in producing an increase in not only the colouring matter of the skin, but also that of the hair. In young people, with light or red hair, there exists an especial tendency to the formation of little yellowish spots of pigment on the face, neck, and arms, commonly known as freckles or *Ephelides*; this tendency diminishes with advancing age.

Again, heat without light will sometimes produce a formation of pigment. This is often seen in old people who are constantly sitting over the fire, and roasting one side of the leg, which gradually becomes of a much darker colour than the opposite cutaneous surface.

During the performance of certain natural functions, such as menstruation, and more especially in pregnancy, there is an extra deposit of pigment in certain parts of the skin, for example, on the areola of the breast.

All the above-mentioned changes in the colour of the skin may be considered physiological rather than pathological, but other cases are met with where the pigment spots are congenital, or the result of cutaneous disease. The former are sometimes called liver spots, and vary in

size from that of a split pea to the palm of the hand, being usually of a yellowish-fawn colour.

The skin affections which most commonly leave pigmentary deposits are Syphilitic eruptions, Psoriasis, Chronic Pemphigus, and Eczema. A long-continued habit of scratching, or a constant friction of the skin, is a well-known cause of increased pigmentation. This is remarkably illustrated in many chronic cases of Prurigo and Scabies, especially the former, in which the whole surface of the body sometimes assumes a darkened hue. The skin 'bronzing' in patches is a frequent, though not an essential, symptom of Addison's Disease.

Cases of irregular and unequal distribution of cutaneous pigment often occur, in which it is difficult to determine whether or not the total amount is excessive or deficient; some patches of the skin appearing abnormally white, while other parts are dark. In cases of this kind there is, however, more usually a deficiency of pigmentary matter than the reverse, and they are therefore conveniently classed under the head Leucoderma, which may be defined as a more or less hereditary malady, characterised by partial loss of pigment, and not uncommon amongst dark as well as fair races. In India a severe form of this disease is common and known as White Leprosy, although it is in no way related to True Leprosy. This loss of pigment is sometimes congenital, and then quite persistent; in other instances, it varies in degree from time to time, according to circumstances, and sometimes disappears altogether, the skin reassuming its natural colour. In Albinism, there is a complete congenital absence of pigment from the skin, hair, iris, and choroid; the apparent pink pupil being due to the light transmitted through the translucent sclerotic.

Linear Atrophy is characterised by white transverse

stripes, broad in the middle and tapering at the ends, somewhat resembling the lines on the abdomen of women who have borne children. It is most frequently met with on the lower extremities. It is not connected with *Leucodermic affections*.

PITYRIASIS.

PITYRIASIS (*πίτυρον*, bran). Three diseases at least are described under this head:—1. Pityriasis simplex; 2. *P. rubra*; 3. *P. versicolor* (see *Tinea v.*), diseases which bear little or no relation to each other except in name. With regard to Pityriasis simplex, I do not recognise its existence unless as a simple folliculitis attended with desquamation of cuticle, and not uncommon on the scalp. The name is often misapplied to simple desquamation from any cause, and also to dry Eczema, Seborrhœa, and Xeroderma.

The kind of folliculitis of the scalp which I refer to may be cured in most cases by local treatment alone, and the best application is a diluted mixture of the white precipitate and the red oxide of mercury ointment.

Pityriasis rubra is a rare and in severe cases an incurable disease, which has been carefully described by Hebra. The disease is regarded by Mr. E. Wilson as a peculiar form of Eczema, to which disease it is certainly nearly related. Dr. H. Fagge remarks, in the Guy's Hospital Reports for 1867:—‘It appears to me that the rarity of the disease as defined by Professor Hebra is quite consistent with its being merely an extreme form of one of the varieties of Eczema.’

The disease is characterised by great and general congestion and tenderness of the skin, and a very rapid for-

mation of scales, which peel off in pieces sometimes as large as the palm of the hand. The desquamation in typical cases is so excessive, that a pint measure may be filled with the scales that rub off in the course of twenty-four hours. These scales sometimes present the appearance of armour plates overlapping each other in wavy rows. In a typical case the appearance is very remarkable, and would at first seem to justify our regarding the disease as *sui generis*; but we find also milder cases of the same disease, which form links between this malady and scaly Eczema. Moreover, we often find that the sufferer has been affected at some former time with undoubted Eczema or gouty Psoriasis, or that other members of the family have suffered from these diseases. On the whole it must be admitted that a very close relation exists between these diseases. In several cases of Pityriasis rubra I have found chronic albuminuria. I have found phosphorus useful in the treatment.

PORRIGO.

PORRIGO, or Impetigo contagiosa, is a disease chiefly confined to children, especially those that are badly fed and clothed. It appears most commonly on the occiput or face, especially at the edges of mucous membranes. It is not generally attended with much itching. It forms yellow crusts, and is undoubtedly capable of propagation by inoculation from one person to another; it should therefore be considered practically as a contagious disease, and opportunities of contagion should be avoided. With this view, it is especially important that children affected should sleep alone, and

use separate combs, brushes, towels, &c. It is frequently associated with pediculi, and is by some regarded as simply a pustular variety of Eczema, with which disease it is certainly often complicated.

It is very easily and quickly cured; sometimes, though rarely, it is obstinate. The treatment consists simply in removing the scabs which form, and then applying the white precipitate ointment. Tonics are always useful.

PRURIGO.

PRURIGO, in most cases (at least in this country), is due to Pediculi, and in adults the eruptions and excoriations are partly the result of scratching, though sometimes a copious eruption of papules is developed. The tops of these papules are scratched off, and a little spot of blood is the result; this gives to the disease its characteristic aspect. In children, a variety of anomalous eruptions are produced by the irritation of the skin from Pediculi. It must not be concluded because they are not found that they have not been present; most or all of them may have been removed by a change of clothes. Again, although the disease is common only among the poor and dirty, yet Pediculi are easily transferred from person to person by the contact of clothes or otherwise, and therefore it happens that they are occasionally found amongst the cleanly classes of society.

The treatment is simple. The clothes should be baked, for washing alone will not kill the Pediculi, a warm bath should be taken, and the skin anointed with Stavesacre ointment (ʒj. to ʒj.). Flannel should be discontinued next the skin until the eruption is well. Those who de-

sire a full account of Prurigo and Pediculosis are referred to an excellent little work on the subject by Dr. T. Fox.

The Prurigo of Hebra is an incurable disease ; it can, however, be palliated. Sulphur baths and fumigations are very beneficial, and a carbolic acid lotion should be used at night to allay the itching. If possible, the patient should pass a couple of hours in a bath for several days in succession ; after coming out of the bath, he should be smeared with lard, and put on flannel under-clothing. Arsenic may be given internally.

PRURITUS.

PRURITUS, or 'itching' without [any eruption, is not strictly a skin disease. It depends on a variety of constitutional causes, as, for example, the elimination of some of the constituents of bile by the skin. It is often the chief feature in chronic urticaria, and is very common as a sequela to Eczema and Scabies. One common form of general Pruritus is apparently a nervous affection, and is very intractable. The cyanide of potassium ointment (90), or one of the various sedative lotions, such as the *Lotio atropiæ* (26), may be tried. In local pruritus, when there are no excoriations, an ointment consisting of ʒss. to ʒj. of Camphor-chloral mixed with an ounce of cold cream, sometimes gives relief. The *Lotio Hydrargyri Flava*, diluted or not, according to circumstances, is a valuable remedy.

Pruritus pudendi, if confined to a small area, may often be cured by the application of nitrate of silver. A weak aconite ointment sometimes gives great relief. The free use of soap and hot water two or three times a day, with the application of the borax and morphia, or carbo-

lic acid lotion (21), during the intervals, is useful in allaying the intolerable itching.

Pruritus ani is frequently caused by worms in children, and in adults by the injudicious use of condiments, especially red pepper. All exciting causes should be removed; frequent hot soap and water fomentations, followed by the application of black wash or some sedative ointment, is the best mode of treatment. An ointment consisting of a drachm of calomel to an ounce of lard will be found very useful.

The most useful formulæ are (21), (23), (26) 27), (37), (43), (75), (82), (89), (95).

PSORIASIS.

It is unfortunate that the term *Lepra* has been applied to two distinct diseases; by most English writers it is used as a synonym for *Psoriasis*, but the Germans apply it to *Elephantiasis Græcorum* or true *Leprosy*.

Psoriasis ($\psi\acute{\omega}\rho\alpha$, the itch), or *Lepra Græcorum*, first appears as little white spots, rarely solitary, but generally present in considerable numbers. These little spots increase in size, and frequently coalesce so as to form large silvery white scaly patches. These patches consist essentially in the accumulation of layers of epidermis so as to produce heaps of scales on a red base. The silvery white appearance is produced by the presence of air in this epidermic accumulation.

Psoriasis may attack any part of the body, but it is more common on the extended than on the flexed side of the limbs, and is especially liable to affect the skin at the point of the elbow and just below the patella. The palms

of the hands and soles of the feet are rarely attacked with the non-syphilitic form of the disease.

The nails not unfrequently suffer from Psoriasis, but the hairs are very seldom affected by it. The disease leaves no cicatrices, but is commonly followed by a pigmentary deposit of a brownish colour. It is often an hereditary disease, and it is also extremely liable to recur in the same individual. The exciting causes are unknown. There are two varieties of this disease. One variety occurs chiefly in scrofulous families, and generally appears at an early age either in childhood or at puberty, sometimes later. It is almost unattended with itching, and those subject to it often have a fresh pink and white complexion. The second kind is met with chiefly in gouty families, and does not generally make its appearance so early in life as the former variety. It more frequently appears after the age of twenty than before it. The eruption is attended with itching which is sometimes severe. In this latter variety the accumulation of scales is not generally very great; and in this respect, as well as in its tendency to itch, it resembles the dry form of Eczema; but, unlike Eczema, there is no exudation, and its typical localities are the extensor aspects of the elbows and below the knees. Although more common in gouty families, it is by no means confined to them. Both forms of the disease are true inflammations of the skin, but in neither is there any exudation. Eczema and Psoriasis are both common in gouty families, which explains the fact that they occasionally appear together.

The general treatment of Psoriasis is of the first importance. As a rule, those suffering from this affection appear healthy in other respects and well nourished; they therefore require no special restriction with regard to diet, except, perhaps, abstinence from coffee, and, in some

cases, from alcoholic drinks. In some instances, however, the skin eruption is associated with troublesome and obstinate dyspepsia, which will require to be treated by careful dietary and other remedies in common use, such as the bismuth and hydrocyanic acid mixture.

Of all specific remedies for Psoriasis, the preparations of arsenic are the most important and by far the most certain in their effects. The best plan of administering arsenic is to begin with two or three minims of Fowler's Solution, given in some aromatic or tonic infusion three times a day, immediately after food; in this way it will be less likely to disagree than if taken when the stomach is empty. In a week or ten days, the dose may be increased to four and then to five or six minims; it will often not be necessary to exceed this quantity, but in obstinate cases the dose may be fearlessly, though gradually, increased to ten or fifteen minims, and with the most satisfactory results.

Slight irritation of the conjunctiva does not indicate the necessity of discontinuing the arsenical treatment; if this, however, is accompanied by puffiness of the face, the dose may be diminished, and it should be altogether left off for a time when it causes much nausea, or pains in the stomach. If nervous symptoms are produced, such as a sensation of numbness in the feet and hands, the dose of arsenic must be diminished.

Children bear arsenic very well, and one minim of Fowler's Solution may be given twice or three times a day to a child of from one to two years old, and the dose gradually increased up to three minims. In the case of infants at the breast, small doses of arsenic may be administered to the mother. In scrofulous children cod-liver oil and sea air are remedies of great value.

It must be always borne in mind that the effect of

arsenic in producing nervous symptoms and disturbing the digestion is much more marked in some individuals than in others, and therefore a patient should never be allowed to continue the treatment without being seen at regular intervals by his medical attendant. When it is desirable to give arsenic in the solid form, the Asiatic pill (55) may be ordered.

If arsenic produces diarrhoea, it should be combined with opium. In obstinate cases of Psoriasis, it will be often found advantageous to combine Fowler's Solution with small doses of tincture of cantharides (10), or with iodide of potassium (20). Sometimes this disease will not yield to arsenical treatment; when this is the case, or when, from other causes, the administration of Fowler's Solution is inadmissible, carbolic acid should be tried. It certainly cures some cases of Psoriasis in which the former drug has failed to produce its usual effect. Carbolic acid is most conveniently administered in the form of a pill made up with liquorice (54). Copaiba, as recommended by M. Hardy, is also a remedy of some value (12).

Colchicum is especially useful in the treatment of Psoriasis occurring in gouty people, but its effect on the eruption is by no means confined to these cases.

Hebra lays great stress on the local treatment of Psoriasis. He recommends that the scales should be removed by energetic rubbing with soft soap and flannel. The surface should then be painted with one of the preparations of tar or carbolic acid. This, however, should be strictly limited to the parts affected, and when the tar is dry the skin should be kept soft by smearing it with grease. The process may be repeated as often as the skin is able to bear it. When the joints are covered with Psoriasis, their movements are restricted, and the skin cracks and becomes very painful; this local form of the

malady should be treated with free inunction of oil and enveloping the limb in flannel until the skin is softened. Soft soap may then be applied in the way above mentioned. Frequent soaking in warm baths will be found a valuable addition to the treatment by soap and tar. Protecting the part affected by a closely fitting india-rubber covering is sometimes very useful.

The local treatment of Psoriasis is especially applicable to those cases in which the disease is limited to one or two patches on the arms, legs, or face.

The most useful formulæ are (9), (10), (12), (14), (17), (18), (20), (21), (36), (51), (52), (54), (55), (59), (63), (66), (67), (68), (70), (71), (88).

SCABIES.

SCABIES is a disease of the skin due to the presence of the *Acarus Scabiei* or itch-mite. The animal penetrates the cuticle, and forms a burrow in which it lays eggs. These eggs are successively deposited behind the parent *Acarus* at the rate of from one to two a day. The point at which it enters the skin may be distinguished as a small white papular elevation, and the little animal itself may be seen under the cuticle, at the other or distal end of the burrow, as a small well-defined body.

In adults the *Acarus* is most often found in the soft skin between the fingers and on the flexed side of the wrist joint. It also very commonly attacks the skin at the bend of the elbow, axilla, and behind the knee, and not unfrequently the penis, lower part of the abdomen, buttocks, and breasts. In children it is very common on the feet. It does not attack the skin of the face and the scalp. In infants, however, it readily attacks almost any part of the body.

The irritation caused by the *Acarus* frequently gives rise to the formation of a vesicle or pustule, situated at the entrance of the burrow; this vesicle is soon broken by scratching, and the fluid which escapes dries up and forms crusts. These crusts may contain eggs or young animals, but not the parent *Acarus*, which always keeps at the distal end of the burrow. It is probable that it never changes its position unless removed by scratching, and in this way it may sometimes be transferred from one part of the body to another, or from person to person. The young *Acari*, however, leave the parent cuniculus (it is said most frequently by night), and thus they may easily attack any one who comes in contact with the person affected. Hence it is that sleeping with or nursing those suffering from the disease is the most fertile cause of its propagation.

It should always be remembered that the irritation of Scabies may give rise to various forms of Eczema and pustular eruptions which are often scattered over the body, and sometimes remotely situated from the source of mischief. This is particularly the case when the disease is of long standing, or when it occurs in children. Again, the excoriations from scratching modify and obscure the nature of the eruption, and tend to increase the severity and complications of the disease.

The treatment of Scabies is entirely local, and depends on the application of substances to the skin which are calculated to destroy the *Acarus*.

Experiments have proved that these animals will live for a week or ten days in water, and from two to four days in vinegar. On the other hand, petroleum, iodide of potassium, and sulphur kill them almost instantly. These are, therefore, the remedies best suited to the disease.

The most successful mode of dealing with an ordinary

case of Scabies is as follows:—The patient before going to bed should soak for an hour in a warm bath, and scour himself well with soap and flannel; when thoroughly dry, he should rub in plenty of simple sulphur ointment, or, if he is thick-skinned, the sulphur and potash ointment (92) all over his body, arms, legs, hands, and feet, but especially between the fingers and toes, and on the flexed side of the limbs. He should then put on a long pair of drawers, jersey, gloves, and socks, to prevent the ointment from rubbing off, or a long nightdress, gloves, and socks will answer the purpose tolerably well. He should then go to bed for ten or twelve hours. If it is important that the smell of sulphur should be removed during the day, he may take a warm bath in the morning, and then follow his usual occupation. At night, the process should be repeated. A third application is sometimes, but not always, necessary, provided the ointment has been thoroughly applied in the first instance, and in sufficient quantity. A single application is sometimes sufficient if the ointment, after being well rubbed into every part of the body, is allowed to remain undisturbed for twenty-four hours. The only objection to the free use of sulphur ointment is, that it may produce an Eczematous eruption: this is not, however, often the case unless the ointment contains too large a portion of sulphur.

In the treatment of infants and persons who have naturally a sensitive or irritable skin, an ointment containing half a drachm of precipitated sulphur to an ounce of benzoated lard should be used. The iodide of potassium ointment of the British Pharmacopœia is a good remedy for Scabies, and is occasionally useful when the Sulphur treatment is inadmissible. Styraç ointment (84) may also be mentioned as a remedy of value.

The most usual cause of failure in the treatment of

Scabies is the *mistaken practice* of applying the sulphur ointment in small quantities from time to time, and perhaps on a part of the body where there is an Eczematous eruption but no Acari, instead of securing one thorough inunction. With regard to the partial application of sulphur ointment, Hebra says:—‘I must admit that local inunctions are suited only to cases of no great severity, and that they require the supervision of some one who is thoroughly familiar with the diagnostic signs of the disease, and with the characters of the burrows made by the *Acarus*. Moreover, cases really do occur in which burrows exist on the trunk of the body, and on other parts besides those on which alone they are commonly found. Consequently, the treatment of Scabies by merely local inunctions can never be universally adopted; in the majority of cases it is useful, but to some it is inapplicable.’

If the inunction of sulphur ointment is contra-indicated, or, from some cause, very inconvenient, a sulphur bath may be used, made either with liver of sulphur (2), or with sulphur and sulphuric acid (3). It must be repeated several times, until all symptoms of Scabies have disappeared. If the *Lotio calcii sulphureti* (28) is used, a hot bath should first be taken, and then the solution applied every night with a sponge and allowed to dry on; but it is not so efficacious as the sulphur ointment, and is more liable to produce Eczema.

Lastly, it always happens (whatever method of treatment be adopted) that a certain percentage of cases will retain an Eczematous or pustular eruption, attended with considerable itching, after the Scabies is cured. We must not, therefore, hastily conclude that because the itching is severe the live Acari still exist in the cuticle. In these cases, when we are satisfied that the

sulphur ointment has been sufficiently and properly used, its application should be discontinued as liable only to increase the Eczema, and instead of it the zinc and camphor ointment (95), or a weak carbolic acid lotion, may be employed. Hebra says that it is quite unnecessary to bake the clothes of those who have been affected with Scabies; it is safer, however, to do so, and the under-clothing should be scalded, washed, and ironed. The most useful formulæ are (2), (3), (28), (84), (92), (98).

SEBORRHŒA.

SEBORRHŒA (*sebum*, suet; and $\rho\acute{\epsilon}\omega$, to flow) most frequently occurs on the scalp or face, and is characterised by the formation of scales. In children it is commonly caused by the accumulation of sebum and dirt, which forms a thin crust over the scalp. The treatment required is to wash the head well with soap and water.

In adults the disease is somewhat different, and does not necessarily depend on want of cleanliness. It often leads to the falling off of the hair and to the formation of a quantity of scurf, which is chiefly composed of sebaceous matter. It is this scurfy state of the head which causes it to be mistaken for Pityriasis. The general treatment consists in the administration of tonics, with small doses of arsenic (14).

In the local treatment, the first point to attend to is to get rid of the accumulation of sebaceous secretion. This is best done by rubbing the parts well with oil, until the masses of sebum are softened, and then thoroughly washing with soft soap and water. This process must be repeated from time to time, if necessary, and the head should be rubbed three times a week with carbolic acid

lotion (21), and a little of the white precipitate and zinc ointment (96) applied in the intervals of washing.

The most important feature of Seborrhœa of the scalp is the effect the disease has on the hair, causing it to fall off, or to comb out very easily. This fact should be fully explained to the patient before the treatment is begun, as the process of rubbing off the crusts of sebum invariably removes a large number of loose hairs, which is apt to give rise to the idea that this is the result of the treatment, rather than a symptom of the disease itself.

Hebra says that the growth of the hairs is rarely afterwards restored to its normal condition, those subsequently developed being shorter and thinner, and less richly supplied with pigment than before.

There is a form of Seborrhœa known as Spurious Ichthyosis, from a superficial resemblance to true Ichthyosis. The sebaceous secretion forms into hard scales, which become of a dark colour, and when these are removed the orifices of the sebaceous glands are readily seen. The skin affection is cured by warm baths, alkaline lotions, and brisk rubbing.

STROPHULUS.

STROPHULUS, vulgarly known as Red-gum or Tooth Rash, is a very common disease, and peculiar to infancy and childhood. In appearance the eruption presents many varieties, but it generally consists of numerous minute bright red papules collected in groups upon a ground of the somewhat reddened skin.

The face, neck, and arms are the most usual seats of the eruption, but it may appear upon any part of the body. One form of this affection is very common in in-

fants a few weeks old. Pathologically, it is unimportant, and it generally disappears without treatment in about a fortnight from its first appearance. Another common variety is met with during the period of dentition, and is often associated with gastro-intestinal disturbance. The treatment is of the simplest kind. The diet should be carefully regulated; any excess of diarrhœa should be checked by small doses of aromatic chalk powder; or if there is no tendency to diarrhœa, a little Gregory's powder may be given every night. Warm baths and cooling lotions, if there is much irritation, are all the local treatment required.

Pruriginous Strophulus, described by M. Hardy, is a more serious and troublesome affection than any other form of this disease. The papules are generally isolated, and itch intensely, especially at night; the parts commonly affected are the back, arms, thighs, and face. The disease is often mistaken for Scabies, and treated with sulphur ointment, which only aggravates the symptoms. The history and the parts affected are aids to a correct diagnosis.

Good food, with tonics and fresh air, constitute the general treatment; and, locally, warm baths, and starch and camphor powderings, are most useful.

SYCOSIS.

SYCÓSIS (*σῦκον*, a fig), or *Acne mentagra*, is a chronic non-contagious disease, attacking the hairy parts of the skin, and characterised by the development of tubercles, papules, and pustules, closely resembling those of ordinary *Acne*, with a hair invariably passing through each little elevation. It is strictly limited to the hairy parts

of the body, the beard, whiskers, and moustache being the region most commonly affected. It consists essentially in an inflammation of the hair sacs, and is distinguished from Eczema by the absence of any oozing from the surface of the skin, and the very slight itching that accompanies it. It must, however, be borne in mind that Eczema of the face may lead to Sycosis.

Treatment.—The internal administration of arsenical preparations has undoubtedly some curative effect on this disease, but it is not an essential part of the treatment. There is but one way of curing Sycosis with any certainty, and that is epilation. The best plan for doing this is as follows:—All crusts must first be removed in the usual way by oil and poultices; the beard must be cut short with a pair of scissors, and wherever a yellow point is seen the hair should be pulled out with a pair of depilatory forceps. This is quite unattended with pain, for the hair comes out very easily with its sheath attached to it. When this has been done, the compound sulphur ointment (93) must be applied.

For the first day or two, the epilation may be confined to the parts most affected, and only those hairs extracted which run through pustules; afterwards, however, the diseased surface should be divided into a certain number of patches, one of which should every day be thoroughly epilated. The healthier the part the more pain there is in removing the hair, and as the disease lessens, the patience and perseverance of the patient will be taxed to the utmost. The young hairs which appear after epilation should be removed until the skin is quite healthy, and after each removal the sulphur or nitrate of mercury ointment should be well rubbed into the surface, and at night it should be applied on pieces of rag, kept in close contact with the skin.

Perseverance in this plan of treatment invariably cures the disease, whereas, if left to itself, it may last for many years, and lead, in the end, to the complete destruction of the hair, and the formation of permanent cicatrices. The patient should shave for at least six months after the disease has disappeared.

Sycosis sometimes produces small raspberry-like growths, which must be destroyed by the application of nitrate of silver.

SYPHILIDES.

For convenience sake, Syphilides may be divided into three classes:—1. Congenital; 2. Secondary; and 3. Tertiary eruptions.

The following are the usual characteristics of syphilitic eruptions.

(1) The colour is peculiar, though by no means always of a coppery hue. (2) Polymorphism, or the appearance of various forms of eruption at the same time, is common. (3) There is a tendency to assume circular, serpiginous, or crescentic forms. (4) Itching and pain are relatively less than in non-syphilitic diseases. (5) Crusts thick, often laminated and very adherent. (6) The frequent production of ulcers, which are often serpiginous or horse-shoe-shaped, with sharply cut edges, and of an ashy-grey colour. (7) The formation of characteristic white scars.

Congenital or infantile syphilitic eruptions may occur on any part of the body, and assume almost every variety of form, but they most commonly consist of dull red erythematous patches about the buttocks, and of mucous tubercles and fissures about the mouth and anus, presenting a very characteristic appearance. The eruption generally

appears before the child is six weeks old, but occasionally later.

There is only one satisfactory plan for treating this disease as it occurs in infants, and that is by the exhibition of mercury. The most suitable and convenient method for administering it is by inunction. The blue ointment should be rubbed into the soles of the feet or palms of the hands, or it may be applied on a band of flannel stitched round the waist; in this way the movements of the child secure the thorough absorption of the ointment; the advantage of this plan is that it does not upset the digestion, and there is no difficulty in carrying it out.

If grey powder be preferred, it should be given in very small doses, often repeated, and when it has any tendency to purge, it may be combined with a little *Pulvis cretæ aromaticus*.

In addition to the use of mercury, which is essential, tonics may be given with advantage, especially cod-liver oil and *Vinum ferri*. Local treatment is seldom necessary, but the *Emplastrum mercuriale* (8) is a very effectual application whenever the inunction or internal administration of mercury is contra-indicated.

The Secondary Syphilides do not differ essentially from those which are called Tertiary, but they follow more closely on the primary disease, and exhibit a preponderance of certain types of eruption. Thus, *Roseola*, *Lichen*, and copper-coloured blotches are common secondary forms; while *Rupia*, *Psoriasis palmaris*, and ulcers are the prevailing Tertiary varieties.

In dealing with Secondary syphilitic eruptions, the previous history and treatment of the case should, if possible, be taken into consideration. For example, if the patient has recently suffered from a primary sore

which has healed of itself, he should be ordered mercurial inunction, or small doses of calomel and opium, until the constitutional effect of the drug shows itself, or the eruption and other syphilitic symptoms have disappeared.

In the treatment of most secondary eruptions, when there is nothing to indicate the necessity of vigorous mercurial remedies, small doses ($\frac{1}{18}$ grain) of perchloride of mercury, with three or four grains of iodide of potassium, given in some aromatic infusion, will be found the most generally useful medicine (16). With many individuals, it is, however, apt to derange the digestion, in which case the bicyanide of mercury may be substituted, and given in the form of a pill (56), once or twice a day. The proto-iodide of mercury pill (58) is also a useful preparation.

Again, it may be found more advisable to give the iodide of potassium alone, or with carbonate of ammonia (19), which increases its effect, three times a day, and small doses of grey powder, or some mercurial pill, at night. Lastly, Mr. Henry Lee's simple mercurial vapour bath will often prove a most effectual remedy, when the internal administration of drugs has failed, or when, for other reasons, mercury by the mouth is contra-indicated. The bath should be taken at intervals of two or three days, and three or four baths are sufficient to produce a very decided effect. The apparatus may be obtained of any instrument maker.

As a rule, Tertiary Syphilides should be treated with large doses of iodide of potassium, in addition to which tonics are generally required. They should be given separately, in the form of a quinine or iron pill, or, if cod-liver oil is ordered, it may be taken with the iodide of potassium mixture. This plan of treatment is particu-

larly applicable to Syphilides associated with ulcers, and whenever the disease is attended with marked Cachexia.

In some cases, however, of Tertiary syphilitic eruptions, patients do not recover under the iodide of potassium treatment, but require the addition of mild mercurials.

In some other cases, where there is much ulceration, the free administration of opium will be found successful when other means have failed.

The dry forms of Syphilides require no local treatment. In Rupia, the scabs should be removed, and the sores dressed with the Unguentum rubrum (91).

Syphilitic ulcers, if painful, should be dressed with black wash or calomel ointment; if, on the other hand, they require stimulating, as is often the case, the Unguentum rubrum (91) or carbolic acid lotion (21) should be used, and applied on a piece of lint, accurately cut to the size of the ulcer.

Mucous tubercles and condylomata should be cauterised. Sores and fissures of the tongue and mucous membrane of the mouth should be touched with nitrate of silver, or Lotio hydrargyri perchloridi comp. (35), or the nitrate of mercury solution (5). The most useful formulæ are (5), (8), (11), (14), (16), (19), (20), (21), (31), (34), (35), (37), (56), (57), (58), (75), (76), (77), (82), (91).

TINEA DECALVANS.

TINEA DECALVANS, or *Alopecia Areata*.—The usual appearance of this disease is of well-defined and perfectly smooth patches, of a whiter colour than the surrounding skin, entirely devoid of hair, and found most commonly on the scalp. It was formerly believed by some to depend

on the presence of a vegetable parasite. This disease is associated with an atrophied condition of the hair bulb, and defective nutrition of the cuticle, together with a temporary arrest of pigmentation. Some observers have been led to the conclusion that there are two distinct diseases which produce circumscribed bald patches of similar appearance—the one non-parasitic, which they call Alopecia areata; the other more rare, and depending on a vegetable parasite, and for which they reserve the name Tinea decalvans; this, however, is an error. There is no such disease as Tinea decalvans distinct on the one hand from Alopecia areata, and on the other from Tinea tonsurans. It is not difficult, however, to see how this error has arisen. In the atrophied and dying tissues of Alopecia areata are found occasionally traces of a vegetable parasite; their presence is only accidental, and is in no way an essential part of the disease. On this point the late Dr. Hillier remarks, 'Is the fungus an essential part of the disease, or only a result of the atrophied condition of the hair? I believe the latter.' Again, it sometimes happens that Tinea tonsurans leads to the formation of perfectly bald patches on the scalp closely resembling Alopecia areata.

Lastly, as Tinea tonsurans and Alopecia areata are both common in children, it sometimes happens that they occur together. These facts are, I think, quite sufficient to explain how the error into which some observers have fallen has originated. Their Tinea decalvans is either Alopecia areata or Tinea tonsurans, which has produced completely bald patches.

Occasionally, Alopecia areata leads to complete baldness of every part of the body, which may last for many years. When the disease has been cured, the first crop of hair covering the bald patch is often perfectly white.

In the treatment of Alopecia areata, tonics may be given with advantage, but local applications are of more importance. The bald patches should be blistered every fortnight or three weeks with the blistering fluid of the Pharmacopœia, and in the interval tincture of iodine, carbolic acid lotion, or some stimulating ointment may be used.

TINEA FAVOSA.

TINEA FAVOSA (*favus*, a honeycomb) is a contagious parasitic disease, which is rare in England, but not uncommon in Scotland and in some parts of the Continent. It chiefly attacks children, and is more frequently found on the head than any other part of the body. In its early stages, it is characterised by the formation of little sulphur-coloured and cupped crusts; these coalesce, and form yellow masses of a honeycomb appearance, and having a peculiar smell as of mice. The disease is of a very chronic character.

The treatment consists in destroying the vegetable parasite. For this purpose, a strong sulphurous acid lotion, of one part of the acid to one or two of water, should be continuously applied, under oiled silk, to the diseased surface, and kept constantly moist; the crusts, when softened by this application, should be from time to time removed; this constitutes the first part of the treatment. The second consists in pulling out all the hairs of the affected parts, and then rubbing in saturated sulphurous acid of the Pharmacopœia, or perchloride of mercury lotion (34). By perseverance in this plan, any case of Favus can be cured; but without epilation the prognosis is unfavourable. The free inunction of cod-liver oil into the scalp is useful.

TINEA TONSURANS.

TINEA TONSURANS, or Ringworm of the Scalp, is a contagious and parasitic disease, chiefly attacking children. It generally shows itself in circular scurfy patches on the scalp, the hairs of which are short, dry, and withered, and look as if they had been bitten off close to the head. These hairs are very easily broken; the skin of the patch is also slightly raised and desquamating.

Under the microscope, the hair presents a bulged and dark or opaque appearance, and its fibres are seen to be split up and separated by the minute round spores of the parasite, which become more distinct under the action of *Liquor potassæ*. The vegetable growth on which the disease is believed to depend, is called the *Trichophyton tonsurans*. It attacks the cuticle, hairs, and hair-follicles, and the difficulty in curing the malady is proportionate to the depth and extent to which the tissues are involved. The exact part played by the parasite in this and some other diseases of the skin still remains doubtful. It is sufficient to state here, that though the fungus is not perhaps an essential part of the malady, yet it so far modifies this and several other forms of skin diseases as to justify our retaining the name 'parasitic' which has been applied to them.

The name *Tinea tonsurans* is commonly applied only to ringworm of the scalp, but the same affection attacks other parts of the skin, and is then called *Tinea circinata*, or *Herpes circinatus*, the latter name being a very inappropriate one. The so-called *Tinea sycosis*, which is very rare in England, though said to be common in France, attacks the beard and whiskers, and is probably a modified form of the same disease.

The treatment of *Tinea tonsurans* is chiefly but not en-

tirely local, and consists in destroying the parasite, and in stimulating the growth of new and healthy hair, which is no easy matter when the disease is once thoroughly established. If the ringworm has recently appeared, the hair should be first cut as short as possible for half an inch round each patch; the surface should then be blistered with strong *Acetum cantharidis*; subsequently, when the blister has healed, the sulphur and white precipitate ointment (86) should be rubbed well in every night, and washed off with soft soap in the morning. In the day time the sulphurous acid of the *Pharmacopœia* should be applied on a piece of lint or rag, and covered with oil silk, or a lotion containing hyposulphite of soda and sulphurous acid may be used. These lotions are apt to bleach the hair for a short time. This plan of treatment will cure most cases in about two or three months. In obstinate cases, the patch should be painted over once a week with Coster's paste (97), and the *Ung. hyd. cum sulph.* (86) used in the intervals, or sulphurous acid may be constantly applied. In India, Goa powder is considered a specific for ringworm. I have found it an excellent remedy in this country when thoroughly and regularly applied. If the Goa powder is good, it produces a certain amount of irritation and redness by being rubbed into the skin, and generally cures quickly. It may be obtained from D. S. Kemp, Sasson House, Bombay.

In almost all cases of *Tinea tonsurans* the exhibition of tonics, especially iron and cod-liver oil, is indicated.

It occasionally happens that *Eczema* supervenes in cases of *Tinea tonsurans*, and thus masks the original disease. In this case, the *Eczema* must be treated in the usual way, and, when cured, the ordinary remedies for *Tinea tonsurans* should be resumed. *Tinea tonsurans* sometimes leaves patches of the scalp perfectly bald and

shiny, and closely simulating the appearance of *Alopecia areata*.

Tinea kerion is a variety of *Tinea tonsurans*, in which the hair-follicles, and sometimes the adjacent tissues, undergo a form of inflammation which leads to the out-pouring of a sticky fluid, but which rarely runs on to suppuration. The patches are raised and tender, and have a boggy feel somewhat like a subcutaneous abscess.

The hair should be cut very short, or shaved, as it otherwise becomes matted and very difficult to clean. The swelling should never be opened, but treated with parasiticides like an ordinary case of *Tinea tonsurans*. When the inflammatory action is not severe, blistering is the best remedy. The disease leaves bald patches. The most useful formulæ are (22), (28), (34), (45), (86), (88), (97).

TINEA VERSICOLOR.

TINEA OR PITYRIASIS VERSICOLOR is a parasitic disease, very common in adults, though not so in children.

It generally shows itself in fawn-coloured patches, slightly rough and scaly, especially at the edge. The disease is most common on the chest and abdomen. If the under surface of the scales, treated with a little liquor potassæ, be examined with a microscope, the spores and mycelial threads of the parasite (*Microsporon furfurans*) may be clearly seen.

The disease is very easily cured by the following plan of treatment—viz., vigorous friction with a piece of flannel and warm soap and water every day, and then when the skin is dry sponging the part affected with the sulphurous acid of the Pharmacopœia, either pure, or, in the case of patients with delicate skins, diluted with

an equal quantity of water; or the hyposulphite of soda lotion (45) may be used with equally good effect. The lotions should be allowed to dry on the skin.

URTICARIA.

URTICARIA, or Nettle-rash, is an acute disease, and very apt to recur. It is usually classed amongst the Exanthemata, but is attended with very slight febrile symptoms, and differs in many important respects from the ordinary Exanthematous diseases.

It may be distinguished from Scarlet-fever and Measles by its history, by the absence of affections of the throat and air-passages, by the irregularity with which the rash is distributed over the skin, and by the absence or only slight development of febrile symptoms.

It is remarkable for the diversity of its appearances, sometimes developing as a bright red eruption, covering the whole of the body, and at others as wheals of a white or red colour, and accompanied by a sensation of stinging or itching, but it is followed by no desquamation. Hebra attributes the production of wheals to the infiltration of serum into the corium and deeper layers of the epidermis. Occasionally, the mucous membrane of the throat is affected, swelling up suddenly and producing a sensation of suffocation.

Hebra says the course of any one eruption of Nettle-rash is invariably acute; but it often happens that fresh wheals arise in succession either every day, or at short intervals, at any rate before the disappearance of those previously developed; and thus, by constant repetition of these attacks, there is produced a *chronic Urticaria*.

Urticaria is often combined with other cutaneous dis-

eases, both acute and chronic, and may thus increase the difficulty of their diagnosis.

The treatment of Urticaria depends upon the nature of the exciting causes, and as these are very numerous and diversified, they will require some brief notice.

They may be divided into those that are direct or external, and those that are indirect or internal. Among the former, we have the stings of insects and plants, and, in children especially, the irritation of pediculi.

The internal causes include, 1st, mental emotions; 2nd, food, particularly shell-fish, fruit, and decomposing animal and vegetable matter of all kinds; 3rd, medicines, as copaiba, turpentine, &c.; 4th, worms; 5th, disturbance of the menstrual functions. Sometimes Urticaria is entirely due to affections of the nervous system, and occurs at a fixed time in the day, or perhaps alternates with an attack of Neuralgia. It is then almost always symptomatic of nervous exhaustion.

The first indication for the treatment of Urticaria is to remove, if possible, the exciting cause. This may easily be accomplished when the disease arises from poisoning by shell-fish or other unsuitable food. In this case, an emetic or purgative will quickly clear the alimentary canal and prevent further mischief, while abstinence from the injurious substance will insure freedom from future attacks.

Chronic Urticaria, the cause of which is obscure, is often a very troublesome and obstinate, though not serious, malady. Of all the drugs that have been recommended for its cure, bicarbonate of soda is the most generally useful. It should be given in doses of ʒss.—ʒij. every four hours. In some cases, however, the only remedy is change of air, or even entire change of residence and mode of life.

When the disease is produced by disturbance of the sexual functions, it is sometimes impossible to remove the exciting cause, and consequently the malady remains for a time incurable.

The itching produced by chronic Urticaria is often intolerable, and, to allay it, Dr. Ringer recommends a lotion consisting of forty grains of benzoic acid and a pint of water as very efficient, or equal parts of the tincture of benzoin and water may be used.

The most useful formulæ are (13), (15), (17), (20), (55), (62).

VACCINIA.

Vaccinia (*vacca*, a cow).

The virus of cow-pox is believed to be essentially the same as that of small-pox, but modified and rendered milder by its passage through one of the lower animals, such as the cow or the horse. This conclusion is deduced from the fact that the efflorescence of the two diseases is identical; and also that Vaccinia protects from Variola. It has, moreover, been confirmed by direct experiments.

On or about the fifth day after vaccination has been performed on a healthy infant, a small distinct vesicle is seen, having a depressed centre; this vesicle increases in size up to the eighth day, when it appears distended with clear lymph, and is then in the state of the greatest perfection. On or about the seventh day an inflamed areola begins to appear round the base of the vesicle; this areola enlarges up to the tenth day, during which time the lymph becomes opaque; on the eleventh day the areola begins to fade, and the vesicle to dry in the centre and form a hard brown scab, which usually falls off on the twenty-

first day. The cicatrix left is permanent, and generally presents a dotted appearance.

The lymph should be taken from the vesicle on the eighth day, for the purpose of propagating Vaccinia. If several minute punctures be delicately made in the vesicle with the point of a lancet, the lymph will ooze out, and may be easily collected by applying one end of an open capillary glass tube, the capillary attraction being quite sufficient to draw up the lymph; the ends of the tube may then be closed by holding them in the edge of a flame. Thus preserved, the lymph will keep good for many months.

The arm, near the shoulder, is generally selected as the most convenient place for vaccination, but any small blemish or mark on the skin may be chosen as the spot for the operation, with a view to diminish or obliterate the nævus.

It is still a moot-point whether a single well-developed vaccine vesicle will fully protect from small-pox. Hebra says: 'The only reason for the practice of inoculating at several points is to insure that at some of them the operation may succeed, and produce a vaccine vesicle. I do not believe that it is necessary to obtain several of these vesicles in order to give an additional degree of security against small-pox.' On the other hand, strong evidence has been brought forward in the medical reports of the Privy Council proving that the maximum amount of protection is only secured by *three* well-developed vaccine vesicles.

Another question of great importance is whether syphilis can be propagated *together with* Vaccinia by inoculating with vaccine lymph. At present there is no evidence to show that syphilis has ever been so introduced when the result of the vaccination has been the development of

proper vaccine vesicles which run a normal course. If pure lymph is used, with which *no blood* is mixed, the risk of propagating syphilis does not occur.

MODIFIED VACCINIA.—When persons having previously been affected with Vaccinia are revaccinated with effective lymph, it occasionally happens that a modified form of the disease is produced. In this case, the vesicles arrive at maturity on the fourth or fifth, instead of the eighth day; the areolæ, which begin to fade about the eighth day, are more diffuse, and the attendant pain greater than in ordinary Vaccinia; moreover, there is often irritation of the axillary glands and considerable febrile disturbance.

In ordinary cases of Vaccinia no treatment is required, care being taken not to rub or irritate the vesicles. It often happens, however, that vaccination is attended with more or less irritation or inflammation of the skin of the arm, leading in some cases to subacute Eczema. Now amongst the uneducated classes this is almost invariably attributed to some defect in the vaccination. Of course there is no foundation for this hypothesis, the Eczema being merely accidental, and in no way dependent either on the nature of the lymph or the manner of vaccination. It should be treated with soothing applications, such as lead lotion or some mild ointment.

VARICELLA.

VARICELLA, or Chicken-pox, is a contagious disease of childhood, frequently occurring in epidemics. The eruption, which usually appears first on the back, is preceded by slight febrile disturbance, lasting from twelve to twenty-four hours; it consists of small isolated pa-

pules, which rapidly become vesicular, and on the second or third day these vesicles become opaque, and dry up on the fourth or fifth day; shortly afterwards, the thin scabs fall off, so that the course of any one vesicle does not last more than six days. The characteristic feature of the eruption is, that the vesicles appear in succession, so that they may be seen in all stages, some as minute papules, whilst others are scabbing.

Occasionally, some of the vesicles are umbilicated, like those of small-pox, and now and then a pit-like scar is left, but this is exceptional.

Hebra believes Varicella to be only a very mild form of Varioloid, or rather he uses the term in that sense. Whether or not he is acquainted with the disease known as Varicella in England is doubtful. Varicella may be distinguished from Varioloid by—(1) The slight pyrexia. (2) That it is especially a disease of children. (3) It begins on the back, not on the face. (4) The vesicles are small, and last only a few days. (5) They appear in successive crops. (6) Vaccination does not afford any protection from it. (7) The disease runs a very short course.

The treatment of Varicella is of the simplest kind. A little saline medicine may be given, and the papules, as they appear on the face, may be touched with collodion, with the view of diminishing the risk of a scar.

XANTHOMA.

XANTHOMA, or Xanthelasma (*ξανθός*, yellow; *έλασμα*, lamina), is met with in two forms, (1) as sharply defined, flat yellow patches, and (2) as small raised tubercles. It is situated in the true skin, and covered with cuticle. The appearance of the patches of Xanthoma has been

not inaptly compared to 'chamois-leather.' The most common seat of the disease is the eyelids, spreading from the inner canthus; but it is also met with in various parts of the body, and is not even confined to the cutaneous tissues. The disease has a tendency to affect the skin symmetrically, and is much more common in adults than in children; indeed, in the laminated form it is very rare in children; in the tuberculated variety it is, however, occasionally met with. The disease is more common in women than in men; and in about half the cases recorded, it has been associated with jaundice. The causes of the malady are unknown. Xanthoma, in both its forms, consists of fibrous tissue growths infiltrated with fat globules; there is a deposition of fat in and around the fibrous tissue cells, rather than a true fatty degeneration. It is this fat which gives rise to the yellow colour. The patches have no tendency to become inflamed or to ulcerate. The disease can only be cured by removing the patch; this, of course, leaves a scar, and the advisability of such a proceeding will depend on the size and position of the part affected.

DISEASES OF THE NAILS.

The Nails are liable to be attacked by the following diseases:—(1) Onychia, or an inflammation of the nail and its matrix, which is generally of syphilitic origin. (2) Psoriasis. (3) Eczema, chiefly of the pustular form. (4) Favus. (5) Tinea tonsurans.

SYPHILITIC ONYCHIA is met with in two varieties, one of which is subacute, and is seen most commonly in children under a year old; it is attended with pain, red-

ness, a discharge of pus around the nail, and more or less ulceration of the matrix, which is followed by a temporary loss of the nail. The treatment consists in the internal administration of small doses of grey powder and tonics, and locally in wrapping the fingers up in rags, kept constantly moist with black wash.

The other form of Syphilitic Onychia is not unfrequently met with in adults, and is thus described by Mr. Hutchinson:—‘At the root of the nail a semilunar furrow is seen, which extends across it; the outermost layer over the entire lunula is destroyed, and a ragged border overhanging that part is presented by the distal portion; by degrees, as the nail grows, the diseased margin is pushed further and further on. The nails appear dry and brittle in texture, as is shown by the fissured and broken condition of the free edge.’ The disease is very chronic, and generally attacks several nails symmetrically, and at the same time. Usually the matrix is unaffected, and therefore the disease is unattended with pain. Donovan’s Solution may be given internally.

Non-syphilitic Onychia of a severe type is not common in London, but is said to be rather prevalent in the flax-spinning mills of Belfast. Dr. Moerloose, of Ghent, was the first to recommend that Onychia maligna, as it is called, should be treated by the application of powdered nitrate of lead to the ulcer. It has since been used with great success by Vauzetti, of Padua, and Mr. MacCormac, of St. Thomas’s Hospital.

PSORIASIS OF THE NAIL is indicated in its early stages by a loss of transparency; this is followed by an uneven thickening of the nail, which at the same time loses its smooth shiny appearance, and becomes of a darker colour, and brittle, so that the edge gets broken and fissured, and does not extend beyond the tips of the fingers. The

disease should be treated by the internal use of Fowler's Solution.

PUSTULAR ECZEMA of the margin of the nail is chiefly met with in strumous and weakly children, who require good food and tonics. Indiarubber finger-stalls are useful.

RINGWORM OF THE NAILS is far from common, but is occasionally met with in children suffering from *Tinea tonsurans* on other parts of the body. The treatment consists in scraping the nail until it is thin, and then applying sulphurous acid.

CHANGE IN THE FORM OF NAILS.—Longitudinal and transverse markings and other irregularities are often developed in nails, as the result of some altered state of nutrition, or from injury to the nail. The exciting causes of these irregularities may be some general illness, or more frequently a local lesion. In the latter case the nail may remain permanently distorted, and the removal of it produce no satisfactory result. Sometimes nails become much thickened and very rough, ceasing at the same time to grow in length, so that the free edge of the nail becomes continuous with the neighbouring cuticle. This is more common in the foot than the hand. The only plan of treatment is to scrape down the surface of the nail from time to time, and so reduce it to a convenient thickness.

Dr. T. Fox says: 'The ingrowing of a toe-nail is easily cured by softening it, and then scraping off as much as possible, so as to thin it in the middle.' A similar plan may be conveniently adopted in order to remove splinters imbedded under the nail. The nail should be scraped quite thin over the splinter, and then cut through; the foreign body may thus be removed almost without giving pain.

DEFINITIONS.

Acarus (ἀκαρί, a mite). A genus of minute animals belonging to the Arachnides.

1. *Acarus autumnalis*. The harvest bug, which attacks the legs during the harvest season, producing considerable irritation. It burrows, but does not propagate its species in the cuticle.

2. *Acarus folliculorum* (so called), or the Demodex folliculorum, is found in the sebaceous follicles.

3. *Acarus Scabiei*. The itch-mite.

Achorion. A term derived from Achor, denoting a parasitic fungus.

Agrius (ἄγριος, fierce), signifying inflamed.

Albino. A person in whom the skin and hair are white from a deficiency of pigment, and in whom the eyes appear pink from an absence of the pigmentary matter in the choroid.

Alopecia, baldness; derived from ἀλώπηξ, a fox, in whom the hair falls off in mangy places.

Alphos (ἀλφός, white). A term applied to Psoriasis, from its white appearance.

Anthrax (ἄνθραξ, a burning coal). A carbuncle.

Area. An open place; hence, a bald patch.

Baker's Itch. A form of Eczema affecting the hands.

Barbadoes Leg (*Bucnemia tropica*). A disease commencing with inflammation of the lymphatics, and leading to hypertrophy of the fibrous tissue of the legs.

Bleb. See *Bulla*.

Bricklayer's Itch. A form of Eczema similar to Baker's Itch.

Bromidrosis (*βρῶμος*, a stench; *ἰδρῶς*, sweat). Fœtid perspiration. Synonym, *Osmidrosis*.

1. *Bromidrosis universalis*. Under this head, Hebra says, are to be reckoned those cases in which there arises from the surface of the skin a fœtid exhalation, of which we cannot indicate the special source, the patient being in other respects healthy.

2. *Bromidrosis localis*. This especially affects the genital organs, the perinaeum, feet, toes, and axillæ. In the treatment of this disease, frequent starch and zinc powdering will be found useful. See also Hebra's 'Skin Diseases,' vol. i. p. 89 (Sydenham Society).

Bucnemia (*βου-*, augmentative; *κνήμη*, leg). Bulky leg. Syn. *Barbadoes Leg*.

Bulla (a water-bubble). An elevation of the epidermis, containing in its interior a transparent or yellow fluid; it is distinguished from a vesicle by its larger size.

Chloasma (*χλωάσω*, to be pale green). Usually a synonym for *Tinea* or *Pityriasis versicolor*, but used by Hebra to signify pale pigmentary colorations.

Cingulum, a girdle. Applied to *Herpes Zoster* or *Shingles*.

Cnidoses (*κνίδη*, a nettle). Nettle-rash.

Comedones (*comedo*, a glutton). A term applied to the concreted secretion of the sebaceous glands. It may be squeezed out by pressure of the fingers, in the form of a little cylinder which has acquired the popular designation of worm or grub.

Crusta lactea (milk crust). A term formerly applied to a variety of *Eczema* of the face in children.

Crusts are formed by the drying up of fluids exuded on the surface of the skin. Their thickness, colour, and general appearance depend on the nature and quantity of the exuded material. Thus serous fluid dries into thin

brownish scabs. Sebum forms flat lamellated crusts, while those consisting of pus are thick and of a yellowish-green and brown colour. If blood be mixed with the drying fluid, the crust is black.

Dandriff. A scurfiness, such as is seen in Pityriasis of the scalp.

Dartre (*δαπρός*, flayed) (?) A French word applied popularly to all skin diseases, but strictly including only Lichen, Eczema, Psoriasis, and Pityriasis. A tendency to these affections is called a Dartrous diathesis.

Demodex folliculorum (*δημός*, fat; *δάκνω*, I bite). An animal found in sebaceous matter. See *Acarus*.

Dermatitis. Inflammation of the skin.

Dermatophyton (*δέρμα*, skin; *φυτόν*, a plant). A vegetable parasite, such as the fungus of Favus.

Dermatozoa (*δέρμα*, skin; *ζῶον*, an animal). Animal parasites, such as the *Acarus Scabiei*.

Dracunculus (dim. of *draco*, a dragon). The *Filaria medinensis* or Guinea worm.

Elephantiasis (*ἐλέφας*, an elephant)—

E. Græcorum, true leprosy.

E. Arabum, Barbadoes Leg.

Ephelis. In the plural, spots or freckles which stud the face. (See *Hoblyn*.)

Epizoa (*ἐπί*, upon; *ζῶον*, an animal). Animal parasites, as *Pediculi*.

Erythematous rashes are those which cover portions of the skin, as large or larger than the hand, and disappear under pressure (*ἐρύθημα*, redness).

Exanthemata (*ἐξάνθημα*, an eruption). Usually applied to acute febrile diseases attended with eruptions, such as Scarlet-fever and Measles.

Excoriations depend on the removal of the epidermis, by which the corium is exposed; there is no loss of true

skin, and therefore they heal without forming cicatrices.

Fibroma. Fibrous molluscum.

Filaria medinensis. The Guinea worm.

Frambæsia (*framboise*, a raspberry). The Yaws, a disease of hot climates attended with raspberry-like tubercles.

Furunculus (dim. *fur*, a thief). A boil or small tumour of the skin, suppurating imperfectly, and containing a central core or slough.

Gutta rosea. A term applied to *Acne rosacea*.

Hidroa. A term generally considered as a synonym for *Sudamina*.

Hordeolum, or sty. A swelling produced by an inflamed Meibomian gland of the eyelid.

Horn-pock. A term applied to a modified form of Small-pox, in which the vesicles shrivel and dry up.

Horns are usually sebaceous in origin.

Hydroa. A name sometimes applied to a cutaneous disease consisting of numerous and generally isolated papule-like elevations of the skin, which appear symmetrically on various parts of the body; some of these elevations have clear vesicular summits. The disease is probably only a variety of *Erythema multiforme*.

Hyperidrosis (*ὑπέρ*, in excess; and *ἰδρωσις*, sweating). Excessive sweating.

Kerion (*κηρίον*, a honey-comb). A term applied to a modified form of *Tinea tonsurans*, when the follicles become inflamed and pour out a viscid secretion.

Lentigo (*lens*, *lentis*, a lentil). A freckle.

Leukoderma (white skin). A discoloration of the skin from unequal distribution or deficiency of pigment.

Macule (spots) 'include every change in the normal colour of the skin arising from disease, and not uniformly distributed over the whole surface of the body.' They may arise from various causes, such as hæmorrhages, as in

petechiæ and the spots of purpura, or from alterations in the pigment of the skin, as in freckles.

Microsporion (μικρός, little; σπόρος, seed). A generic term for certain parasitic fungi found in *T. versicolor*.

Milium (millet-seed), syn. *Grutum*. Little white globular bodies, formed by a distended sebaceous gland.

Morphæa (μορφή, form). A term that has been applied to several distinct diseases of the skin, but now usually employed to denote a rare disease in which a peculiar white wax-like fibrous tissue is formed in the skin. It is probably the same as *Scleroderma*.

Mycetoma. The fungus foot of India.

Onychia (ὄνυξ, the nail). Inflammation of the nail.

Osmidrosis (ὄσμη, odour; ἰδρωσις, sweating). Fœtid perspiration.

Papule. A very small, solid projection in the skin. It may be formed, 1st, by an enlargement of one of the existing natural papules of the skin. 2nd, by exudations or hæmorrhage into the *Rete mucosum*. 3rd, by exudation around the hair-follicles. Papules formed in this latter way, by inflamed follicles, generally last as papules but a short time if the exudation chiefly consists of serous fluid, but longer if the exudation is of a solid nature. Those which result from the growth of cutaneous papillæ may be altogether persistent.

Pellagra, Italian leprosy. A disease of the general system, the eruption being only a secondary symptom.

Petechiæ (*petechie*, Italian, a flea-bite). Minute spots of extravasated blood, having the appearance of flea-bites.

Plica Polonica. A disease seen in Poland especially, in which the hair is much matted together.

Pomphi. See *Wheals*.

Pustule. This is a small collection of pus, covered only by cuticle. It differs from a vesicle in containing pus instead of serous fluid.

Roseola. An acute febrile disease of mild character, attended with bright pink rash.

Scars (cicatrices) are the structures which replace skin that has been destroyed. They are distinguished by their hardness, the absence of pigment, hair and skin glands.

Squamæ (scales) are formed of the outer semi-detached layers of the cuticle.

Steatozoon (στέαρ, fat; ζῶον, animal). The animal found in the sebaceous ducts. (See *Acarus*.)

Sudamina. An eruption of vesicles, the result of excessive sweating.

Tinea (any gnawing worm). The generic term for vegetable parasitic diseases.

Tubercle. A solid swelling in the skin, varying in size from a mustard-seed to a hazel nut, and covered with epidermis.

Vesicle. A small elevation of the outer layer of the epidermis by transparent or milky fluid. An essential characteristic of a vesicle is its size, which does not exceed a large pin's head. Large elevations of the same nature are called bullæ. A vesicle never exists long as such, but either bursts, or its fluid contents are reabsorbed or become converted into pus.

Wheals (pomphi) are solid forms of eruption, which are slightly raised above the surface of the skin. They are generally red or white, and about the size of a shilling, or larger. They are produced either by congestion of the vessels and serous exudations into the superficial layers of the cutis, or by 'spasms of the dermic structure,' whatever that may mean.

Xeroderma (ξηρός, dry). A disease characterised by dryness and scaliness of the skin.

Zymotic (ζύμη, leaven). A term applied to acute contagious diseases.

FORMULÆ.

(1) *Balneum alkalinum.*

R ₃ Potassæ carbonatis	oz. 3.
Sodæ carbonatis	oz. 3.
Aquæ calidæ	C. xxx.

Dissolve.

Used in Eczema and Ichthyosis.

(2) *Balneum potassæ sulphuratæ.*

R ₃ Potassæ sulphuratæ	lb. $\frac{1}{2}$.
Aquæ calidæ	C. xxx.

Dissolve.

Used in Scabies.

(3) *Balneum sulphuris compositum.*

R ₃ Sulphuris præcipitati	oz. 2.
Sodæ hyposulphitis	oz. 1.
Acidi sulphurici diluti	fl. oz. ss.
Aquæ	O j.

Mix.

One pint to be added to thirty gallons of water. Used in Scabies.

(4) *Causticum acidi chromici.*

R ₃ Acidi chromici	gr. 50.
Aquæ	fl. oz. ss.

Mix.

Used as a caustic for warts, &c.

(5) *Causticum hydrargyri nitratis.*

℞ Hydrargyri	fl. oz. j.
Acidi nitrici (sp. g. 1·40)	fl. oz. ij.

Dissolve.

Used as a caustic in Lupus, Acne, &c.

It should be applied carefully with a small glass brush.

(6) *Causticum acidi arseniosi.*

℞ Hydrargyri chloridi	oz. 2½
Hydrargyri bisulphureti	gr. 40.
Acidi arseniosi	gr. 60.

Mix.

Used as a caustic for Lupus.

It should be made into a paste with a little water and then applied with a brush.

(7) *Electuarium sulphuris.*

℞ Pulveris sennæ	oz. ½.
— coriandri	} āā gr. 60.
— jalapæ	
— zingiberis	
— glycyrrhizæ	
Potassæ tartratis acidæ	} āā oz. ½
Sulphuris sublimati	
Theriacæ	oz. 4 vel q. s.

Mix.

Dose : gr. 60 to gr. 120.

(8) *Emplastrum mercuriale.*

℞ Hydrargyri	oz. 3.
Olei terebinthinæ	fl. oz. jss.
Emplastri plumbi	oz. 12.

Mix thoroughly.

Most commonly used in the treatment of Syphilides. In hard chancre it is the best local application, and can be conveniently used when spread on linen and wound round the penis. It is very useful in enlargement of the inguinal glands previous to the formation of an abscess. It is indicated in squamous and ulcerated forms of cutaneous Syphilides, when its value may be shown by covering one portion of the affected skin with the plaister and leaving the other exposed, when it will be found that the former soonest recovers. It is very advantageously applied to the condylomata of children and in Psoriasis palmaris. It is also useful in many chronic non-syphilitic skin affections, especially Sycosis, Acne indurata, and Lichen.

(9) *Haustus acidi carbolici.*

℞ Acidi carbolici	gr. 2.
Glycerini	min. xxx.
Aquæ carui	fl. oz. j.

Mix.

Used in Psoriasis.

(10) *Haustus cantharidis.*

℞ Tincturæ cantharidis	min. vj.
Liquoris arsenicalis	min. iiij.
Aquæ anethi	fl. oz. j.

Mix.

Used in Chronic Eczema and Psoriasis.

(11) *Haustus cinchonæ cum belladonna.*

℞ Extracti cinchonæ flavæ liquididi	min. v.
Acidi nitrici diluti	min. iiij.
Tincturæ belladonnæ	min. iiij.
Aquæ	ad fl. oz. ss.

Mix.

Dose : fl. oz. ss. for a child from 4 to 7 years.

(12) *Haustus copaibæ.*

℞ Copaibæ	min. xx.
Liquoris potassæ	min. xv.
Mucilaginis	fl. dr. ij.
Aquæ carui	ad fl. oz. j.

Mix.

Used in Psoriasis.

(13) *Haustus effervescens.*

(1)

℞ Magnesiæ sulphatis	gr. 30.
Sodæ bicarbonatis	gr. 30.
Tincturæ zingiberis	min. x.
Aquæ	fl. oz. j.

(2)

Acidi tartarici	gr. 20.
Aquæ	fl. oz. ss.

Two tablespoonsful of the first to be taken with one of the second while effervescing.

Used in Eczema, Lichen, &c.

(14) *Haustus ferri arsenicalis.*

℞ Vini ferri	fl. dr. j.
Liquoris arsenicalis	min. iij.
Syrupi aurantii	fl. dr. j.
Aquæ anethi	ad fl. oz. j.

Mix.

Used in Eczema, Psoriasis, &c.

The same with Ammonio-citrate of iron instead of Vinum ferri.

(15) *Haustus ferri aperiens.*

℞ Ferri sulphatis	gr. 1.
Magnesiæ sulphatis	gr. 20.
Acidi sulphurici diluti	min. v.
Tincturæ zingiberis	min. xv.
Aquæ menthæ piperitæ	ad fl. oz. j.

Mix.

Used in Eczema, Acne.

(16) *Haustus hydrargyri iodidi.*

℞ Hydrargyri perchloridi	gr. $\frac{1}{16}$.
Potassii iodidi	gr. 3.
Tincturæ iodi	min. j.
Infusi caryophylli	fl. oz. j.

Mix.

Used in Syphilides.

(17) *Haustus magnesiæ cum colchico.*

℞ Magnesiæ sulphatis	gr. 20.
Magnesiæ carbonatis levis	gr. 3.
Tincturæ colchici seminum	min. x.
Aquæ menthæ piperitæ	fl. oz. j.

Mix.

Used in Gouty Eczema, Psoriasis, &c.

(18) *Haustus olei morrhuæ cum arsenico.*

℞ Olei morrhuæ	fl. oz. ij.
Vitellum ovi	
Liquoris sodæ arseniatis	fl. dr. ij.
Syrupi	fl. dr. iij.
Aquæ	ad fl. oz. iv.

Mix.

Use as a tonic for children.

One drachm contains about two minims of the Liquor sodæ arseniatis.

(19) *Haustus potassii iodidi.*

℞ Potassii iodidi	gr. 5.
Ammoniæ carbonatis	gr. 5.
Aquæ	fl. oz. j.

Mix.

Used in Syphilides.

(20) *Haustus potassii iodidi arsenicalis.*

℞ Liquoris arsenicalis	min. iij.
Potassii iodidi	gr. 5.
Potassæ bicarbonatis	gr. 5.
Aquæ	fl. oz. j.

Mix.

Used in Chronic Eczema, in Syphilides, and Psoriasis.

(21) *Lotio acidi carbolici.*

℞ Acidi carbolici liquefacti	fl. oz. ss.
Aquæ destillatæ	ad O j.

Mix.

Used to allay itching, and in the treatment of Eczema, Lichen, and ulcers.

(22) *Lotio acidi sulphurosi.*

℞ Acidi sulphurosi	fl. oz. iv.
Aquæ destillatæ	fl. oz. iv.

Mix.

Used in all parasitic skin diseases.

(23) *Lotio acidi nitrici.*

℞ Acidi nitrici diluti	fl. dr. iij.
Tincturæ opii	fl. dr. ij.
Aquæ	O j.

Mix.

Used to allay itching.

(24) *Lotio albuminis.*

℞ Hydrargyri perchloridi	gr. 2.
Ovum unum	
Ammoniā hydrochloratis	gr. 60.
Aquæ destillatæ	fl. oz. vj.

Mix, rub well, and *filter*.

Used in Acne, Pityriasis, freckles, &c.

(25) *Lotio amygdalæ.*

℞ Hydrargyri perchloridi	gr. 3
Ammoniā hydrochloratis	gr. 3.
Emulsionis amygdalæ	fl. oz. vj.

Mix.

Used in Acne, freckles, &c.

(26) *Lotio atropiæ.*

℞ Atropiæ sulphatis	gr. 1.
Boracis	gr. 120.
Glycerini	fl. oz. ss.
Acidi hydrocyanici diluti	fl. dr. j.
Aquæ floris aurantii	fl. oz. ij.
Aquæ destillatæ	ad fl. oz. xij.

Mix.

Used to allay itching, &c.

(27) *Lotio belladonnæ.*

℞ Extracti belladonnæ	gr. 60.
Aquæ ferventis	fl. oz. viij.
Acidi hydrocyanici diluti	fl. dr. j.

Mix.

Used to allay itching.

(28) *Lotio calcii sulphureti.*

℞ Calcis vivæ	lb. ¼.
Sulphuris	lb. ½.
Coque cum aquæ	O v.
Evaporetur ad	O iiij.

Used in Scabies and other parasitic diseases.

(29) *Lotio calcis cum sulphure.*

℞ Spiritus camphoræ	fl. dr. ij.
Sulphuris præcipitati	oz. ½
Liquoris calcis	fl. oz. iv.

Mix.

Used in Acne.

(30) *Lotio cantharidis.*

℞ Aceti cantharidis	fl. oz. ij.
Acidi acetici	fl. oz. j.
Aquæ rosæ	fl. oz. iiij.
Glycerini	fl. oz. ss.

Mix

Used as a very strong stimulating lotion for the hair.

(31) *Lotio carbonis detergentis.*

℞ Liquoris carbonis detergentis	fl. oz. ss.
Acidi hydrocyanici diluti	fl. dr. j.
Glycerini	fl. dr. ij.
Aquæ	fl. oz. x.

Mix.

Used in Eczema and Pruritus.

(32) *Lotio cupri sulphatis.*

℞ Cupri sulphatis	gr. 20.
Aquæ laurocerasi	fl. oz. x.

Mix.

Used in Eczema.

(33) *Lotio glycerini boracis.*

℞ Glycerini boracis	fl. oz. ij.
Aquæ	fl. oz. iv.

Mix.

Used in Eczema.

(34) *Lotio hydrargyri perchloridi.*

℞ Hydrargyri perchloridi	gr. 10.
Bismuthi subnitratris	gr. 120.
Spiritus camphoræ	fl. dr. ss.
Aquæ	℥ j.

Mix.

Used in parasitic diseases and Acne.

(35) *Lotio hydrargyri perchloridi comp.*

℞ Liquoris hydrargyri perchloridi	fl. oz. ss.
Acidi nitrici diluti	fl. dr. ss.
Aquæ ad	fl. oz. vj.

Mix.

Used for fissured tongue.

To be applied with a glass brush.

(36) *Lotio olei cadini.*

℞ Acidi hydrocyanici diluti	min. xl.
Olei cadini	fl. oz. j.
Saponis mollis	oz. 2.
Olei rosmarini	fl. dr. jss
Aquæ ad	fl. oz. v.

Mix.

To be rubbed firmly over the parts affected night and morning. Used in chronic Eczema, Psoriasis.

(37) *Lotio plumbi cum opio.*

℞ Liquoris plumbi subacetatis diluti O j.
 Pulveris opii gr. 30.

Mix.

Used in Eczema, Ecthyma.

(38) *Lotio plumbi subacetatis.*

℞ Liquoris plumbi subacetatis fl. oz. ss.
 Vitelli ovorum duorum
 Aquæ sambuci O j.

Mix thoroughly.

Used as a lotion for the face in Pityriasis, &c.

(39) *Lotio potassæ causticæ.*

℞ Potassæ causticæ gr. 5.
 Acidi hydrocyanici diluti min. xxx.
 Aquæ rosæ fl. oz. j.

Mix.

Rub a little firmly over the eruption night and morning, and when the itching is severe. Used in chronic Eczema.

(40) *Lotio potassæ carbonatis.*

℞ Potassæ carbonatis oz. 1.
 Glycerini fl. oz. j.
 Aquæ ad fl. oz. viij.

Mix.

Used in Acne.

(41) *Lotio potassæ sulphuratæ.*

℞ Potassæ sulphuratæ gr. 90.
 Aquæ fl. oz. xij.

Mix.

Used in irritable skin eruptions.

(42) *Lotio rosmarini.*

℞ Olei amygdalæ dulcis	}	. . .	aa fl. oz. j.
Liquoris ammoniæ fortioris			
Spiritus rosmarini		. . .	fl. oz. iv.
Aquæ		. . .	fl. oz. ij.

Mix.

A stimulant for hair.

(43) *Lotio sodæ bicarbonatis.*

℞ Sodæ bicarbonatis	. . . .	gr. 60.
Acidi hydrocyanici diluti	. . . .	fl. dr. ij.
Aquæ sambuci	. . . .	fl. oz. vj.

Mix.

Used in Pruritus, &c., &c.

(44) *Lotio sodæ chloratæ.*

℞ Liquoris sodæ chloratæ	. . . .	fl. oz. ss.
Potassæ carbonatis	. . . .	gr. 20.
Aquæ floris aurantii	. . . .	fl. oz. x.

Mix.

Used for freckles, &c.

(45) *Lotio sodæ hyposulphitis.*

℞ Sodæ hyposulphitis	. . . .	oz. ½.
Aquæ	. . . .	fl. oz. vj.

Mix.

Used in Tinea versicolor, &c.

(46) *Lotio zinci chloridi.*

℞ Zinci chloridi	. . . .	gr. 20.
Aquæ	. . . .	O j.

Mix.

(47) *Lotio zinci oxidi.*

℞	Liquoris plumbi subacetatis	fl. dr. ij.
	Zinci oxidi	gr. 120.
	Glycerini	fl. oz. ss.
	Aquæ sambuci	℞ j.

Mix.

Used in Eczema, Pityriasis, &c.

(48) *Lotio zinci sulphatis.*

℞	Zinci sulphatis	gr. 30.
	Zinci oxidi	gr. 60.
	Pulveris acaciæ	q. s.
	Aquæ sambuci	℞ j.

Mix.

Used in Eczema, &c.

(49) *Pasta camphoræ.*

℞	Camphoræ	gr. 40.
	Pulveris zinci oxidi	oz. $\frac{1}{2}$.
	Glycerini	fl. dr. ij.
	Cochinillini	gr. 2.
	Olei rosæ	min. iij.

Mix.

Stir the mixture before using it. Smear a thin layer over the inflamed parts twice or thrice daily. Used in Eczema.

(50) *Pasta cantharidinæ.*

℞	Cantharidinæ	gr. 2.
	Spiritus vini rectificati	fl. dr. ij.

Dissolve and add—

Glacial acetic acid dr. 6.

Used as a blister fluid—to be applied with a brush.

(51) *Pasta picis liquidæ.*

℞ Picis liquidæ	}	. . . . .	. fl. oz. ss.
Vel olei rusci			
Glycerini amyli		. . . . .	. fl. oz. ij.

Mix.

Used in chronic Eczema and Psoriasis.

(52) *Pasta olei cadini.*

℞ Olei cadini	}	āā fl. oz. ss.
Olei morrhuæ			

Mix.

Used in chronic skin diseases.

(53) *Pasta zinci chloridi.*

℞ Zinci chloridi	. . . . .	. gr. 480.
Farinæ	. . . . .	gr. 120 vel q. s.
Liquoris opii sedativi	}	. fl. oz. ij.
Vel aquæ		

Mix.

Used as a caustic.

(54) *Pilula acidi carbolici.*

℞ Acidi carbolici	. . . . .	. gr. ij.
Glycyrrhizæ	. . . . .	. gr. 1½.
Pulveris tragac. comp.	. . . . .	. q. s.
Glycerini	. . . . .	. q. s.

Mix.

Used in Psoriasis and chronic Eczema.

(55) *Pilula asiatica.*

℞ Acidi arseniosi	. . . . .	. gr. 1.
Piperis nigri	. . . . .	. gr. 30.
Acaciæ gummi	. . . . .	. q. s.

Mix the arsenious acid and pepper thoroughly in an iron mortar, and then add powdered gum acacia enough to make 30 pills.

Used in Psoriasis.

(56) *Pilula hydrargyri bicianidi.*

℞ Hydrargyri bicianidi	gr. 1.
Extracti gentianæ	gr. 30.

Mix. Divide into 16 pills.

Used in Syphilides.

(57) *Pilula hydrargyri iodidi rubri.*

℞ Hydrargyri iodidi rubri	gr. 1.
Pilulæ quiniæ	gr. 36.

Mix. Divide into 12 pills.

Used in Syphilides.

(58) *Pilula hydrargyri iodidi viridis.*

℞ Hydrargyri iodidi viridis	gr. $\frac{1}{2}$.
Extracti lactucæ	gr. 3.

Mix.

Used in Syphilides.

(59) *Pilula picis liquidæ.*

℞ Picis liquidæ	fl. dr. j.
Pulveris glycyrrhizæ	gr. 30.

Mix. Divide into 20 pills.

Used in Psoriasis and Eczema.

(60) *Pulvis acaciæ gummi.*

Used to sprinkle on sore nipples.

(61) *Pulvis amyli.*

℞ Zinci oxidi	gr. 180.
Pulveris amyli	gr. 180.
Campioræ	gr. 30.
Spiritus vini rectificati	q. s.

Mix so as to form a powder.

Used in Eczema. Sprinkle a little on the part (to allay the burning heat); then poultice.

(62) *Pulvis bismuthi.*

℞ Bismuthi nitratis	.	.	.	.	gr. 5.
Sodæ bicarbonatis	.	.	.	.	gr. 20.
Pulveris zingiberis	.	.	.	.	gr. 2.

Mix. To be taken in a little water.

Used in Urticaria, in Dyspepsia, &c.

(63) *Spiritus acidi carbolici.*

℞ Acidi carbolici	.	.	.	.	gr. 120.
Glycerini	}	.	.	.	.āā fl. oz. j.
Ætheris		.	.	.	
Spiritus vini rectificati	.	.	.	.	fl. oz. vj.

Mix.

Used in Eczema squamosum and Psoriasis. To be applied with a brush.

(64) *Spiritus argenti nitratis.*

℞ Argenti nitratis	.	.	.	.	gr. 15.
Spiritus ætheris nitrosi	.	.	.	.	fl. oz. j.

Mix. Applied with a camel's hair pencil.

Used in Eczema.

(65) *Spiritus hydrargyri perchloridi.*

℞ Hydrargyri perchloridi	.	.	.	.	gr. 60.
Spiritus vini rectificati	.	.	.	.	fl. oz. j.

Mix.

Used as a caustic.

(66) *Spiritus olei cadini.*

℞ Olei cadini	.	.	.	.	fl. dr. iij.
Spiritus vini rectificati	.	.	.	.	fl. dr. iv.
Saponis mollis (viridis)	.	.	.	.	oz. $\frac{1}{2}$.
Olei lavandulæ	.	.	.	.	min. xx.

Mix. Applied with a brush, or rubbed well into the skin.

Used in chronic Eczema.

(67) *Spiritus olei rusci.*

℞ Olei rusci	fl. dr. iv.
Spiritus vini rectificati	fl. dr. iv.
Olei rosmarini	min. xx.

Mix. Applied with a camel's hair brush.

Used in chronic Eczema and Psoriasis.

(68) *Spiritus picis liquidæ.*

℞ Picis liquidæ	fl. dr. iij.
Spiritus vini rectificati	fl. dr. v.

Mix. To be applied with a camel's hair brush in chronic Eczema and Psoriasis.

(69) *Spiritus saponis.*

℞ Saponis viridis	oz. 1.
Spiritus tenuioris	fl. oz. jss.
Olei lavandulæ	min. xx.

Dissolve the soap in the spirit, filter, and add the oil of lavender.

(70) *Spiritus saponis eum pice.*

℞ Picis liquidæ	}	āā fl. oz. j.
Sp. vini rectificati		
Saponis mollis		oz. 1.

Mix.

Used in Eczema, Psoriasis, &c.

In the preparation of ointments, the 'lard' should be perfectly fresh, and well washed to remove all salt.

Ointments should be generally applied on rag or lint, and only to the parts affected, which should be protected from the air as much as possible.

(71) *Unguentum acidi carbolici.*

℞ Acidi carbolici	gr. 60.
Unguenti zinci	oz. 1.

Mix.

Applied on linen, and well covered from the air. Used in Eczema and Psoriasis, &c.

(One of the most valuable ointments.)

(72) *Unguentum album.*

℞ Emplastri plumbi	gr. 60.
Plumbi carbonatis	gr. 180.
Adipis recentis	oz. 1.

Mix.

Used in Eczema, &c.

(73) *Unguentum bismuthi.*

℞ Hydrargyri ammoniati	gr. 60.
Bismuthi subnitratiss	gr. 60.
Glycerini amyli	oz. 1.

Mix.

Used for freckles, &c.

(74) *Unguentum boracis.*

℞ Boracis	gr. 90.
Glycerini	fl. dr. j.
Adipis recentis	oz. j.

Mix.

(75) *Unguentum calomelanos camphoratum.*

℞ Camphoræ	gr. 60.
Spiritus vini rectificati	q. s.
Calomelanos	gr. 40.
Adipis recentis	oz. 1.

Mix.

Used in Pruritus vulvæ, &c., and syphilitic ulcers.

(76) *Unguentum creasoti.*

℞ Creasoti	min. vj.
Unguenti hydrargyri	gr. 30.
Hydrargyri oxidi rubri levigati	gr. 20.
Adipis recentis	oz. 1.

Mix.

Used in parasitic and other skin diseases.

(77) *Unguentum calaminæ.*

℞ Calaminæ	gr. 60.
Liquoris plumbi acetatis	min. x.
Acidi hydrocyanici diluti	min. xx.
Glycerini	min. xx.
Adipis	oz. 1.

Mix.

Used in Eczema, Ulcers, &c.

(78) *Unguentum cretæ compositum.*

℞ Emplastri plumbi	gr. 360.
Ceræ flavæ	gr. 60.
Olei olivæ	fl. dr. v.

Dissolve together, and add, stirring constantly, the following :—

Cretæ præparatæ	gr. 180.
Acidi acetici diluti	fl. dr. j.

The dilute acetic acid being first mixed with the chalk.

N.B. If the wax and a little oil be omitted, the ointment will be nearly identical with the compound lead ointment of the old London Pharmacopœia, which is an excellent preparation, but requires the addition of a little oil to make it soft.

Used in irritable subacute Eczema.

(79) *Unguentum ferri sulphatis.*

℞ Ferri sulphatis	gr. 10.
Adipis recentis	oz. ½.

Mix.

Used in Eczema mammæ.

(80) *Unguentum Galeni.*

(Cold cream.)

℞ Ol. amygdalæ	lb. j.
Ceræ albæ	oz. 4.

Melt, pour into a warm mortar, and add gradually—

Aquæ rosæ	℥ j.
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(It should be very light and white.)

(81) *Unguentum hydrargyri ammoniati compositum.*

℞ Hydrargyri ammoniati	gr. 40.
Zinci oxidi	gr. 40.
Hydrargyri oxidi rubri	gr. 5.
Unguenti simplicis	oz. 1.

Mix.

Used in chronic skin diseases.

(82) *Unguentum hydrargyri cinerei.*

℞ Hydrargyri oxidi cinerei	gr. 20.
Unguenti cetacei	oz. ½.

Mix.

Used in syphilitic and other ulcerations of the Schneiderian membrane; applied to the nose, night and morning, with a pencil.

(83) *Unguentum hydrargyri cum plumbo.*

℞ Plumbi acetatis	gr. 10.
Zinci oxidi	gr. 20.
Hydrargyri subchloridi	gr. 20.

Unguenti hydrargyri nitratis	gr. 20.
Adipis recentis	oz. $\frac{1}{2}$.
Olei palmæ purificati	fl. oz. ss.

Mix.

An ointment largely used at the Skin Hospital, Blackfriars Road, in the treatment of Eczema capitis, &c.

(84) *Unguentum styracis.*

℞ Styracis liquidi	oz. 1.
Adipis	oz. 2.

Mix.

Used in Scabies.

(85) *Unguentum cretæ.*

℞ Cretæ præparatæ	gr. 60.
Adipis benzoati	oz. 1.

Mix.

Used in Eczema when more stimulating applications cannot be borne.

(86) *Unguentum hydrargyri cum sulphure.*

℞ Hydrargyri oxidi rubri	gr. 3.
Hydrargyri ammoniati	gr. 40.
Sulphuris sublimati	gr. 20.
Unguenti simplicis	oz. 1.

Mix.

Used in Parasitic diseases, Acne, &c.

(87) *Unguentum lithargyri.*

℞ Emplastri plumbi	oz. 10.
Olei olivæ	℥ j.
Olei lavandulæ	fl. dr. ij.

Heat and mix thoroughly the lead plaister and olive oil, and then add the oil of lavender.

An ointment much used by Hebra in the treatment of Eczema.

(88) *Unguentum picis cum sulphure.*

℞ Sulphuris sublimati	}	.	.	āāā gr. 240.
Picis liquidæ				
Adipis				
Cretæ præparatæ				gr. 120.
Ammoniæ hydrosulphureti				min. x.

Mix.

Used in Psoriasis and Parasitic diseases.

(89) *Unguentum plumbi cum opio.*

℞ Liquoris plumbi acetatis	fl. dr. jss.
Vini opii	fl. dr. j.
Unguenti sambuci	oz. 1.

Mix thoroughly.

Used in Eczema when the skin is irritable.

(90) *Unguentum potassii cyanidi.*

℞ Unguenti Galeni	oz. 1.
Potassii cyanidi	gr. 6.

Mix.

Used to allay itching, &c.

(91) *Unguentum rubrum.*

℞ Hydrargyri bisulphureti	gr. 4.
Hydrargyri oxidi rubri <i>levigati</i>	gr. 4.
Creasoti	min. ij.
Adipis recentis	oz. 1.

Mix.

Used for Ulcers, Rupia, &c.

(92) *Unguentum sulphuris cum potassæ carb.*

℞ Sulphuris sublimati	gr. 60.
Potassæ carbonatis	gr. 30.

Adipis benzoati	.	.	.	.	oz. 1.
Olei rosmarini	.	.	.	.	min. x.

Mix.

Used in Scabies and Acne.

(93) *Unguentum sulphuris compositum.*

℞ Sulphuris sublimati	.	.	.	.	gr. 30.
Hydrargyri ammoniati	.	.	.	.	gr. 20.
Hydrargyri sulphureti cum sulphure	.	.	.	.	gr. 20.

Mix well, and add—

Olei olivæ	.	.	.	.	fl. dr. ij.
Adipis recentis	.	.	.	.	dr. 6.
Creasoti	.	.	.	.	min. iv.

Mix.

Used in Sycosis and Parasitic diseases.

(94) *Unguentum sulphuris hypochloridi.*

℞ Sulphuris hypochloridi	.	.	.	.	gr. 60.
Adipis recentis	.	.	.	.	oz. 1.

Mix.

Used in Acne.

(95) *Unguentum zinci cum camphora.*

℞ Camphoræ	.	.	.	.	gr. 30.
Spiritus vini rectificati	.	.	.	.	q. s.
Unguenti zinci	.	.	.	.	oz. 1.

Mix.

Used to allay itching, &c.

(96) *Unguentum zinci compositum.*

℞ Unguenti zinci	.	.	.	.	oz. ss.
Unguenti hydrargyri ammoniati	.	.	.	.	oz. ss.

Mix.

Used in Eczema, Pityriasis, Porrigo, Seborrhœa, &c.

(97) *Coster's paste.*

Iodine	.	.	.	.	.	gr. 120.
Colourless oil of tar	.	.	.	.	.	fl. oz. j.

Mix.

Applied with a camel's hair pencil in *Tinea tonsurans*.(98) *Hebra's ointment for Scabies.*

℞ Sulphuris sublimati	.	.	.	.	oz. 3.
Olei fagi vel olei cadini	.	.	.	.	fl. oz. 3.
Saponis viridis	}	.	.	.	āā lb. ½.
Adipis.		.	.	.	
Cretæ	.	.	.	.	oz. 2.

Mix.

(99) *Startin's lotion.*

℞ Calaminæ	.	.	.	.	gr. 60.
Cretæ præparatæ	.	.	.	.	gr. 60.
Glycerini	.	.	.	.	fl. dr. iij.
Acidi hydrocyanici diluti	.	.	.	.	fl. dr. ss.
Liquoris calcis	.	.	.	.	fl. oz. iij.
Aquæ rosæ	.	.	.	.	ad fl. oz. viij.

Mix.

Used in *Eczema* and *Acne*.(100) *Hebra's paste.*

℞ Glycerini	}	.	.	.	āā dr. ij.
Acidi carbolici		.	.	.	
Lactis sulphuris		.	.	.	
Spiritus vini rect.		.	.	.	

Mix.

A paste often recommended by Hebra in *Acne rosacea*. It should be applied every night.



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